

FOR INJURED EMPLOYEES ONLY
 NON-INJURY: USE FORM 1501
 "INCIDENT/NEAR-MISS"

ACCIDENT REPORT

SMC Employee Student Visitor Contractor Other

FOR HR or SAFETY USE ONLY

EMPLOYEE LAST NAME		FIRST NAME	MI
LOCATION AND / OR DEPARTMENT		SEX	PHONE NUMBER ()
ADDRESS			
CITY		STATE OR PROVINCE	ZIP OR POSTAL CODE

LOCATION CASE NUMBER	<input type="checkbox"/> RECORDABLE <input type="checkbox"/> NON-RECORDABLE
<input type="checkbox"/> Z001 - Non-work related injury <input type="checkbox"/> Z002 - Fatality <input type="checkbox"/> Z003 - Medical Treatment (WC Claim) <input type="checkbox"/> Z004 - Plant First Aid (No WC Claim) <input type="checkbox"/> Z005 - First Aid (WC Claim) <input type="checkbox"/> Z006 - Property Damage Only <input type="checkbox"/> Z007 - Restricted Work Day(s) <input type="checkbox"/> Z008 - Significant Incident <input type="checkbox"/> Z009 - Time Loss <input type="checkbox"/> Z010 - Other _____	
<input type="checkbox"/> Moraga <input type="checkbox"/> Rheem <input type="checkbox"/> Other _____	

Did or could incident result in major accident? (i.e. permanent loss of bodily or company function)
 Yes ___ No ___ If yes, appropriate investigate must occur immediately.
 ENTER ALL DATES IN MM/DD/YYYY FORMAT

BIRTH DATE	HIRE DATE	DATE OF INJURY	TIME OF INJURY (Military)	DAY OF WEEK	SHIFT	DATE REPT COMPLETED
NAME OF MANAGER TO WHICH INJURY REPORTED		NAME OF OTHER(S) TO WHICH INJURY REPORTED			DATE INJURY REPORTED	TIME INJURY REPORTED
REGULAR OCCUPATION		PROCESS NAME			EXPERIENCE IN POSITION (YEARS AND MONTHS)	
OCCUPATION AT TIME OF ACCIDENT	STANDARD NAME IF APPLICABLE	DEPARTMENT ASSIGNED TO AT TIME OF ACCIDENT				
CONSECUTIVE HOURS WORKED PRIOR TO ACCIDENT	PREVIOUS WEEK WORK HISTORY		SUPERVISOR AT TIME OF ACCIDENT	TIME LAST VISIT BY SUPERVISOR		
	HOURS WORKED	DAYS WORKED				

PART OF BODY AFFECTED - Check box(es)

HEAD AND NECK

- A001 - Brain
- A002 - Scalp
- A003 - Eye(s)
- A004 - Mouth / Nose
- A005 - Neck
- A006 - Skull
- A007 - Face
- A008 - Ear(s)
- A009 - Teeth

RIGHT SIDE OF BODY

- B001 - Shoulder
- B002 - Upper Back
- B003 - Upper Arm
- B004 - Chest
- B005 - Elbow
- B006 - Side / Ribs
- B007 - Lower Back
- B008 - Abdomen
- B009 - Forearm
- B010 - Wrist
- B011 - Hand
- B012 - Finger(s) - Indicate
- B013 - Buttocks

- B014 - Thigh
- B015 - Hip(s)
- B016 - Groin
- B017 - Knee
- B018 - Lower Leg
- B019 - Ankle
- B020 - Foot
- B021 - Toe(s) - Indicate

LEFT SIDE OF BODY

- C001 - Shoulder
- C002 - Upper Back
- C003 - Upper Arm
- C004 - Chest
- C005 - Elbow
- C006 - Side / Ribs
- C007 - Lower Back
- C008 - Abdomen
- C009 - Forearm
- C010 - Wrist
- C011 - Hand
- C012 - Finger(s) - Indicate
- C013 - Buttocks

- C014 - Thigh
- C015 - Hip(s)
- C016 - Groin
- C017 - Knee
- C018 - Lower Leg
- C019 - Ankle
- C020 - Foot
- C021 - Toe(s) - Indicate

OTHER SYSTEMS AFFECTED - Check box(es)

- D001 - Circulatory System
- D002 - Multiple Area(s)
- D003 - Nervous System
- D004 - Respiratory System
- D005 - None
- D006 - Other

INJURY SEVERITY (Check Box(es))

- E001 - Hospitalized
- E002 - In-Plant First Aid
- E003 - Returned to work - Same Day
- E004 - Sent to Doctor
- E005 - Sutured / Stitched
- E006 - Unable to Work Next Shift
- E007 - Unconscious
- E008 - Work Restrictions
- E009 - Other

TRANSPORTED BY (Check box(es) and provide requested information.)

- Ambulance Car Other

Accompanied by: _____

MEDICAL TREATMENT (Check box(es) and provide address(es))

Doctor Address: _____

Hospital Address: _____

DESCRIBE:

NOTIFICATION (Note time of notification - PST) Via: phone / fax / email	INTERNAL EHS Manager: _____ [am/pm] Supervisor: _____ [am/pm]
Notification required if 1) fatality, 2) explosive-related, 3) property damage \$10,000+, 4) unusual media interest	INTERNAL (704) 423-7070 HR Director: _____ [am/pm] Other (Cal OSHA, FEMA, EHSD etc) - Use Reverse Insurance: _____ [am/pm]
Required if explosive-related AND 1) fatality, 2) lost-workday, 3) 10+ injuries, 4) Gov't property damage \$10,000+, 5) delivery delay 24+ hours, 6) required per contract, 7) unusual media interest	EXTERNAL Travelers Insurance - Name _____ [am/pm] via: phone / fax / email

NATURE OF INJURY - Check box(es)

ILLNESSES	INJURIES			
<input type="checkbox"/> F001 - Dust Disease	<input type="checkbox"/> G001 - Abrasion	<input type="checkbox"/> G008 - Burn - Flame	<input type="checkbox"/> G015 - Fracture	<input type="checkbox"/> G022 - Multiple Injury
<input type="checkbox"/> F002 - Physical Agent	<input type="checkbox"/> G002 - Amputation	<input type="checkbox"/> G009 - Burn - Flash	<input type="checkbox"/> G016 - Foreign Body	<input type="checkbox"/> G023 - Other Injury
<input type="checkbox"/> F003 - Poisoning	<input type="checkbox"/> G003 - Asphyxiated	<input type="checkbox"/> G010 - Burn - Liquid	<input type="checkbox"/> G017 - Frost Bite	<input type="checkbox"/> G024 - Pain
<input type="checkbox"/> F004 - Repeat Trauma	<input type="checkbox"/> G004 - Bite / Sting	<input type="checkbox"/> G011 - Contusion	<input type="checkbox"/> G018 - Heat Stress	<input type="checkbox"/> G025 - Puncture
<input type="checkbox"/> F005 - Respiratory - Toxic	<input type="checkbox"/> G005 - Burn - Chemical	<input type="checkbox"/> G012 - Crush	<input type="checkbox"/> G019 - Hernia	<input type="checkbox"/> G026 - Sliver
<input type="checkbox"/> F006 - Skin Disease	<input type="checkbox"/> G006 - Burn - Contact	<input type="checkbox"/> G013 - Dislocation	<input type="checkbox"/> G020 - Infection	<input type="checkbox"/> G027 - Strain / Sprain
<input type="checkbox"/> F007 - Other Illnesses	<input type="checkbox"/> G007 - Burn - Electrical	<input type="checkbox"/> G014 - Excess Heat / Cold	<input type="checkbox"/> G021 - Laceration	<input type="checkbox"/> G028 - Tendonitis (Acute)

TYPE OF ACCIDENT - Check box(es)

<input type="checkbox"/> H001 - Caught Between	<input type="checkbox"/> H005 - Contact - Electrical	<input type="checkbox"/> H009 - Explosive fragment	<input type="checkbox"/> H013 - Sliver
<input type="checkbox"/> H002 - Caught In	<input type="checkbox"/> H006 - Contact - Heat / Cold	<input type="checkbox"/> H010 - Slip/trip/fall	<input type="checkbox"/> H014 - Struck Against
<input type="checkbox"/> H003 - Caught On	<input type="checkbox"/> H007 - Contact - Sharp Object	<input type="checkbox"/> H011 - Foreign Body - Eye	<input type="checkbox"/> H015 - Struck By
<input type="checkbox"/> H004 - Contact - Chemical	<input type="checkbox"/> H008 - Explosive force	<input type="checkbox"/> H012 - Overexertion	<input type="checkbox"/> H016 - Other

EXACT LOCATION AT WHICH ACCIDENT OCCURRED

DESCRIBE JOB BEING PERFORMED AT THE TIME OF INJURY (e.g., "Sawing"; "Operating drill")

EXACT STEP OR PART OF JOB BEING DONE, SIZE AND WEIGHT OF OBJECT (e.g., "Using a handheld weed wacker that weighed 45 lbs. "; Moving a large desk, 100 lbs. up one flight of stairs")

SEQUENCE OF EVENTS - Describe in order of the applicable elements.

1. Relevant background information.
2. The employee's position relative to their immediate surroundings.
3. How was the employee doing what they were doing.
4. What triggered the accident.
5. The type of accident that occurred and the agent or contact.
6. Describe piece of equipment being used when injured (if applicable).

GIVE ADDITIONAL FACTS IF NECESSARY

EXAMPLE: "The injured was sent to unclog an air line that clogged when cold weather froze condensed moisture in the air line. The air line ran along the basement ceiling. The injured had positioned an 8 foot ladder where the top rung rested against a 12 inch vertical pipe. The injured stood on the top rung of the ladder in order to reach the air line. The injured had his left arm around the vertical pipe for support, and hammered the line with a hammer. The ladder suddenly pivoted on the vertical pipe, kicked out from under the injured, causing the injured to fall to the basement floor. The ladder was not tied off."

JOB TASK

- I001 - Ascending / Descending Stair(s)
- I002 - Ascending / Descending Ladder(s)
- I003 - Ascending / Descending Vehicle
- I004 - Ascending / Descending Equipment
- I005 - Banding - Installing
- I006 - Banding - Removing
- I007 - Clean Up - General
- I008 - Clerical Task
- I009 - Equipment - Adjusting
- I010 - Equipment - Clearing
- I011 - Equipment - Clearing Jam
- I012 - Equipment - Operating
- I013 - Equipment - Repairing
- I014 - Equipment - Other
- I015 - Lift Truck - Lowering
- I016 - Lift Truck - Raising
- I017 - Lift Truck - Traveling
- I018 - Material Handling - Assembling
- I019 - Material Handling - Pushing
- I020 - Material Handling - Pulling
- I021 - Material Handling - Lifting
- I022 - Material Handling - Powered
- I023 - Maintenance - Electrical
- I024 - Maintenance - Hydraulic
- I025 - Maintenance - Mechanical
- I026 - Maintenance - Pipefitting
- I027 - Maintenance - Vehicle
- I028 - Maintenance - Welding
- I029 - Maintenance - Other
- I030 - Testing materials / products
- I031 - Truck - Loading/Unloading
- I032 - Supervisory Task
- I033 - Tools - Hand
- I034 - Tools - Powered
- I035 - Walking Through Area
- I036 - Unknown
- I037 - Other

UNSAFE CONDITIONS(S)

- J001 - Arrangement - Hazardous
- J002 - Congestion
- J003 - Clothing - Hazardous
- J004 - Control(s) - Improper / Defective / Missing
- J005 - Design Limitation
- J006 - Electrical Grounding Inadequate
- J007 - Electrical Static Build-up
- J008 - Environment - Cold
- J009 - Environment - Gasses / Fumes / Etc.
- J010 - Environment - Heat
- J011 - Environment - Lightning
- J012 - Environment - Noise
- J013 - Environment - Defective
- J014 - Environment - Exposed / Energized
- J015 - Fire / Explosion / Hazard
- J016 - Guard / Barrier - Inadequate
- J017 - Guard / Barrier - Missing
- J018 - Guard / Barrier - Not installed
- J019 - Housekeeping - Poor
- J020 - Material - Defective
- J021 - PPE - Inadequate
- J022 - PPE - Improper / Defective
- J023 - Procedure / Instruction - Poor
- J024 - Protruding Object(s)
- J025 - Sharp Object / Surface
- J026 - Shielding Inadequate-None Available
- J027 - Storage - Not available
- J028 - Storage - Improper / Inadequate
- J029 - Substance - Hazardous
- J030 - Supervision - Inadequate
- J031 - Surface - Slipping Hazard
- J032 - Surface - Tripping Hazard
- J033 - Tool - Defective
- J034 - Tool - Not Available
- J035 - Tool - Ungrounded
- J036 - Training - Inadequate / None given
- J037 - Unexpected Motion
- J038 - Ventilation - None / Inadequate
- J039 - Warning System - None / Inadequate
- J040 - Windborne Dust
- J041 - None
- J042 - Other

UNSAFE ACT(S)

- K001 - Bypassed - Guard / Barrier
- K002 - Bypassed - Safety Device
- K003 - Disregard - Instruction(s)
- K004 - Disregard Rules / Procedures
- K005 - Excessive Speed
- K006 - Failure - Lockout / Tagout
- K007 - Failure - Obtain Assistance
- K008 - Failure Secure
- K009 - Failure - Use PPE
- K010 - Failure - Warn
- K011 - Horseplay / Distraction
- K012 - Incorrect Method
- K013 - Impairment - Physical
- K014 - Impairment - Mental / Emotional
- K015 - Improper Lifting
- K016 - Improper Loading
- K017 - Improper Placement
- K018 - Inattention to Surroundings
- K019 - Lack of Knowledge
- K020 - Lack of Training
- K021 - Operating - Without Authority
- K022 - Operating - Equipment Unsafely
- K023 - Riding Hazardous Equipment
- K024 - Servicing Equipment in Operation
- K025 - Smoking
- K026 - Tried to Avoid Discomfort
- K027 - Tried to Save Effort
- K028 - Tried to Save Time
- K029 - Unsafe Position
- K030 - Unsafe Riding
- K031 - Using Defective Tool(s)
- K032 - Using Defective Equipment
- K033 - Wearing Jewelry
- K034 - None
- K035 - Other

PERSONAL PROTECTIVE EQUIPMENT - Check box(es)

- L001 - Apron
- L002 - Arm Guards
- L003 - Chemical Suit
- L004 - Coveralls
- L005 - Face Shield
- L006 - Gloves - *Type:*
- L007 - Goggles
- L008 - Hard Hat
- L009 - Hearing Protection
- L010 - Life Jacket
- L011 - Respiratory Protection - *Type:*
- L012 - Safety Clothing >50% Cotton
- L013 - Safety Glasses
- L014 - Safety Shoes, Conductive
- L015 - Safety Shoes, Steel Toes
- L016 - Other

PPE AVAILABILITY

- M001 - Adequate
- M002 - Inadequate
- M003 - Improperly Used
- M004 - Not Available

SAFETY RULES - Check box(es)

- N001 - Adequate
- N002 - Inadequate
- N003 - Other
- N004 - None
- N005 - Not Enforced

TRAINING AND JOB SAFETY ANALYSIS - Check box(es)

- O001 - Was there a safety orientation on this position? YES NO
- O002 - Is there a JSA/PHA for this job? YES NO
- O003 - If no, has one been ordered? YES NO
- O004 - If yes, was the JSA/PHA adequate? YES NO
- O005 - If not adequate, has a revision been ordered? YES NO

WITNESSES TO ACCIDENT / INCIDENT (Enter full name, occupation and/or title)

Name:	Occupation:
Address:	
Name:	Occupation:
Address:	
Name:	Occupation:

ACTIONS TO PREVENT ACCIDENT RECURRENCE - Check box(es)

- P001 - Action to improve design
- P002 - Action to improve construction
- P003 - Improved cleanup procedures
- P004 - Improved illumination
- P005 - Improved inspection procedures
- P006 - Improved noise / vibration control
- P007 - Improved personal protective equipment
- P008 - Improved storage
- P009 - Improved temperature control
- P010 - Improved ventilation
- P011 - Installation of guard or safety device
- P012 - Tool / equipment repair / replacement
- P013 - Use of safer materials / supplies
- P014 - Improved supervision

- P014 - Correction of unnecessary congestion
- P015 - Implement department/area safety rule
- P016 - Order regular pre-job instructions
- P017 - Inform all department supervision
- P018 - Standardize job procedure
- P019 - Order Job Safety Analysis
- P020 - Order revision of JSA
- P021 - Reinstruction of employee(s) involved
- P022 - Reprimand of employee(s) involved
- P023 - Reinstruction of others doing job
- P024 - Temporary reassignment of employee(s)
- P025 - Permanent reassignment of employee(s)
- P026 - Other: _____

DETAIL OF CORRECTIVE ACTIONS TAKEN OR PLANNED

CORRECTIVE ACTIONS	PERSON RESPONSIBLE	TARGET COMPLETION DATE	ACTUAL DATE COMPLETED/ INITIALS

DATE INVESTIGATION BEGAN: _____

COMMENTS FROM INVESTIGATING TEAM: _____

AUTHORIZATIONS

TO SEND FORM FOR PROCESSING: Obtain signatures from personnel below, resolve any discrepancies, distribute copies (electronic or paper) to all.

SUPERVISOR	DATE (MM/DD/YYYY)	EH&S REPRESENTATIVE OR MANAGER	DATE (MM/DD/YYYY)
EMPLOYEE	DATE (MM/DD/YYYY)	MANAGER (LOCAL), IF SUPERVISOR IS UNAVAILABLE	DATE (MM/DD/YYYY)
COMMENTS		COMMENTS	
HR DIRECTOR	DATE (MM/DD/YYYY)	SUPERVISORS' DIRECT SUPERVISOR	DATE (MM/DD/YYYY)
COMMENTS		COMMENTS	
LEAD INVESTIGATOR	DATE (MM/DD/YYYY)	REPORT SHARED WITH:	