



City Reporting and Accident Review Checklist – Employee Injury

This statement shall be completed by the supervisor within 24 hours of the incident. Attach all IRMA reporting forms to this document.

Department and Division:	Date and Time of Injury:
Employee Injured:	Location of Injury:

Section 1: Completed by Employee's Supervisor

Determine Necessary Medical Attention

<input type="checkbox"/> First Aid Only/ Injury Incident	<input type="checkbox"/> Injury to back and joints (i.e. shoulder/arm/leg) <i>Send Employee To:</i> Centegra Occupational Health – McHenry, 4309 Medical Center Dr., Suite B300 MOB McHenry, IL 60050 Phone: 815-759-4224 Hrs: Monday-Friday, 7am - 5pm <i>Outside of these hours employee should go to the emergency room.</i>	<input type="checkbox"/> For all other injuries <i>Send Employee To:</i> Crystal Lake Immediate Care/Occupat. Health, 360 Station Dr., 3 rd Floor Crystal Lake, IL 60014 Phone: 815-759-4224 Hrs: Monday-Friday, 8am - 8pm Weekends and Holidays, 8am - 5pm <i>Outside of these hours employee should go to the emergency room.</i>	<input type="checkbox"/> Hospital/ER
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First Aid Only / Injury Incident: Complete this section if the incident required first aid, but did not require clinic or hospital treatment; please describe how the injury occurred and the type of first aid given.

** If injury did not require clinic or hospital treatment, stop here and e-mail form to #Claims.
 Employee should also complete the *IRMA Statement of Incident Form***

Section 2: Completed by Employee's Supervisor

Document Accident

Forms Completed: <input type="checkbox"/> Illinois Industrial Commission's First Report of Injury (Form 45) <input type="checkbox"/> IRMA Supervisor Investigation Report <input type="checkbox"/> IRMA Employee Statement of Incident Form <input type="checkbox"/> Employee Witness Statement Form	Investigation Checklist: <input type="checkbox"/> Take notes shortly following incident. <input type="checkbox"/> Pictures taken of accident scene (if necessary diagrams of scene). <input type="checkbox"/> Document and Interview all employees involved and other witnesses. <input type="checkbox"/> If applicable, review past accident records. <input type="checkbox"/> Review past maintenance or incident reports.
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Section 3: Completed by Employee's Supervisor

Investigation of Accident

Statement of Accident Factors:	Human Performance: <input type="checkbox"/> Verbal Communication Breakdown: Employees inadequately exchanged information through face-to-face contact, telephone or other methods of disseminating information. <input type="checkbox"/> Written Procedures and Documents: Employee used inappropriate drawings, equipment manual or specifications. <input type="checkbox"/> Design of Equipment: Insufficient or incorrect label, gauge, alarm, control device. <input type="checkbox"/> Physical Conditions Found in Workplace: Inadequate lighting, work space, clothing, noise; ambient, temperature. <input type="checkbox"/> Work Practices: Employee did not self-check, or failed to follow approved work procedures, safety requirements or the department's standard operating procedures. <input type="checkbox"/> Work Organization/Planning: Employee did not plan or prepare to perform the task.
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	<input type="checkbox"/> Training/Qualifications: Employee had insufficient technical knowledge, insufficient training, inadequate training materials, or insufficient practice. <input type="checkbox"/> Resource Management: Employee did not have the correct tools, information, personnel, supervision.
	<u>Equipment Performance</u> <input type="checkbox"/> Workplace Design/Configuration: Inappropriate layout of system; inappropriate component orientation; component omission; errors in assumptions, methods, or calculations during design or establishing operational limits; improper selection of materials, components; operating environment not considered in original design. <input type="checkbox"/> Environmental Conditions: Physical area of the workspace affecting equipment; ventilation problems, humidity. <input type="checkbox"/> Equipment Maintenance/testing: Inadequate maintenance, insufficient post-maintenance testing, inadequate preventative maintenance, inadequate quality control function.
	<u>External Performance (Influence beyond the control of the City or City employees)</u> <input type="checkbox"/> Weather, flood, vandalism, animals, collision, and illness <input type="checkbox"/> Other: _____
Statement of Root Cause:	<i>Which of the above factor(s) is the most basic cause:</i>

Section 4: Completed by Department Safety Committee Chairperson
Department Accident Review

Meeting Review Date:	
Root Cause:	
How will department correct factors that led to accident:	
Accident Determination:	<input type="checkbox"/> Preventable <input type="checkbox"/> Non-Preventable <input type="checkbox"/> Undetermined
Safety Committee Chair Signature /	
Date:	

Section 5: Completed by Executive Safety Committee Chairperson
Executive Accident Review

Meeting Review Date:	
Executive Safety Committee Comments:	
Accident Determination:	<input type="checkbox"/> Preventable <input type="checkbox"/> Non-Preventable <input type="checkbox"/> Undetermined
Safety Committee Chair Signature /	
Date:	