






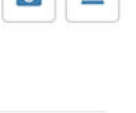



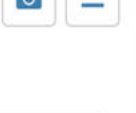

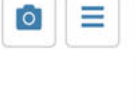

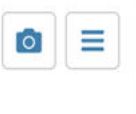

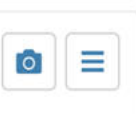

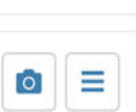

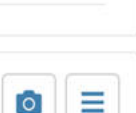

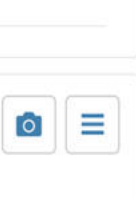

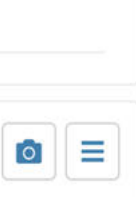



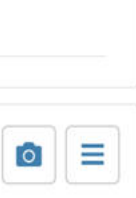







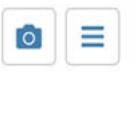

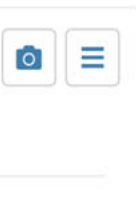


QA-Incident and Injury Report Checklist

Section HB.11.00

<p>Date and Time of Accident:</p> <p>Observations</p>	 
<p>Date and Time Reported:</p> <p>Observations</p>	 
<p>DID THE INCIDENT RESULT IN PERSONAL INJURY OR HOSPITALIZATION?</p> <p>Observations</p>	 
<p>Injured person's name and location on body where injury occurred:</p> <p>Observations</p>	 
<p>2. DID THE INCIDENT INVOLVE PROPERTY OR EQUIPMENT DAMAGE? YES or No:</p> <p>Observations</p>	 
<p>List of damaged property or equipment:</p> <p>Observations</p>	 
<p>3. LOCATION:</p> <p>Observations</p>	 
<p>4. EQUIPMENT DAMAGE:</p> <p>Observations</p>	 
<p>5. PART OF BODY INJURED:</p> <p>Observations</p>	 
<p>6. IMMEDIATE SUPERVISOR</p> <p>Observations</p>	 
<p>7. NATURE OF INJURY</p> <p>Observations</p>	 
<p>8. WHAT HAPPENED TO CAUSE THE INJURY AND/OR DAMAGE? (SHOW DRAWINGS OR PHOTOGRAPHS-USE REVERSE FOR ADDITIONAL DETAILS):</p> <p>Observations</p>	 
<p>9. RECOMMENDATIONS TO PREVENT RECURRENCE OF A SIMILAR INCIDENT:</p> <p>Observations</p>	 
<p>10. CORRECTIVE ACTION TAKEN AT WORKSITE:</p> <p>Observations</p>	 
<p>11. WHAT DEFECTIVE OR UNSAFE CONDITION(S) OF TOOLS, EQUIPMENT, MACHINERY, WORK AREA CONTRIBUTED TO THE ACCIDENT:</p> <p>Observations</p>	 
<p>12. WAS FIRST AID RENDERED? YES or NO, ALSO INDICATE BY WHOM:</p> <p>Observations</p>	 
<p>-----IF OUTSIDE EMERGENCY ASSISTANCE WAS REQUIRED, PROVIDE DETAILS:</p> <p>Observations</p>	 
<p>13. DOCTOR'S NAME:</p> <p>Observations</p>	 
<p>14. MEDICAL FACILITY:</p> <p>Observations</p>	 
<p>15. SEVERITY OF INJURY - MINOR-NO TREATMENT, FIRST AID ONLY, MEDICAL AID, LOST TIME, OR FATAL:</p> <p>Observations</p>	 
<p>16. PROBABILITY OF RECURRENCE - FREQUENT, OCCASIONAL, OR RARE:</p> <p>Observations</p>	