

Midland Engineering Co., Inc.

ACCIDENT AND INJURY REPORTING INVESTIGATION AND RECORDKEEPING

PURPOSE

To provide a guide to aid in the accident and injury process by requiring immediate reporting, treatment, and worker compensation claims and ensuring the quality of documentation. This will help develop an accurate understanding of the primary and secondary causes of an accident and the corrective measures needed.

SCOPE

This procedure applies to all operations within Midland Engineering Co., Inc..

DEFINITIONS

Accident: An unintended occurrence that either caused or may have caused personal injury, property damage, or interference with production.

RESPONSIBILITY

Managers or supervisors will document and complete an accident or injury investigation in a written report (Accident & Injury Report) and distribute appropriately.

All employees of the company will be familiar with accident and injury reporting procedures.

The company safety director will maintain a computer data base tracking all injuries, accidents, investigations, and insurance loss runs to help in the development of trending and loss control directions.

ACCIDENT MANAGEMENT PROCEDURE

- Report all accidents, regardless of the severity of the injury, to your manager or supervisor immediately.
- When an accident occurs, first and foremost, check to see if the injured person needs medical attention that may be more than first aid. If immediate medical care is necessary dial 911 or the designated site phone number for emergency services.
- Once the injured person has been cared for, management or supervisory personnel must take any immediate actions necessary to prevent a similar type accident.

Midland Engineering Co., Inc.
ACCIDENT AND INJURY REPORTING INVESTIGATION
AND RECORDKEEPING

- In all accident and injury situations the Accident & Injury Report must be completed and signed (this includes first aid cases and near misses).
- If the Accident & Injury Report can't be completed before treatment, the paper work will be completed as soon as practical. In all other accident and injury instances the manager or supervisor must complete and sign the Accident & Injury Report.
- Midland Engineering Co., Inc. requires all injured employees to complete a post accident substance abuse test when receiving medical treatment. (Refer to the drug free workplace policy)
- Injuries on the road will be handled on a case-by-case basis. Regardless of where the individual receives treatment the supervisor or manager must complete the Accident & Injury Report.
- When the injured individual returns to work, he or she must turn in all paper work from the doctor and treatment facility to the manager or corresponding supervisor.
- The manager or supervisor must submit the Accident & Injury Report to the safety director.
- The safety director will review the Accident & Injury Form, treatment facility reports, doctor's evaluation, and any other paperwork and if applicable complete a formal accident investigation, as well as assist with the coordination of return to work if necessary.
- Based on the information gathered and reviewed by the safety director it may be applicable to complete a First Report of Injury for submittal of the claim to the insurance company.
- The safety director will determine if the injury is recordable on the OSHA Accident & Injury Log.
- This process shall take no longer than 24 hours.

Midland Engineering Co., Inc.
ACCIDENT AND INJURY REPORTING INVESTIGATION
AND RECORDKEEPING

SERIOUS INJURY OR DEATH

- For accidents resulting in serious injury, care should be taken to make sure the injured party receives the proper help. Managers and supervisors must make arrangements to complete the Accident & Injury Form and conduct a formal accident investigation.
- For accidents resulting in one or more fatalities or hospitalization of three or more employees, the local area OSHA office must be notified. This notification is made by a senior company representative and must be made within 48 hours after the occurrence of the accident. It can be made either orally (telephone) or faxed to the OSHA Area Director.

RECORDS

- All paper work resulting from an accident or injury will be maintained in the corporate office and reviewed by management to conduct an accident analysis.
- A copy of any faxes or letters sent to OSHA shall remain on file in the office.

DESIGNATED PROVIDER

- Midland Engineering Co., Inc. utilizes Methodist Hospitals as its designated occupational medical facility. There are several convenient locations throughout the Indianapolis metropolitan area if a medical facility is needed. Attached to this section is a map of these locations. Methodist will provide Midland Engineering Co., Inc. with all appropriate return to work & job restrictions for each injury.

Midland Engineering Co., Inc.
ACCIDENT AND INJURY REPORTING INVESTIGATION
AND RECORDKEEPING

ACCIDENT & INJURY REPORT FORM

GENERAL INFORMATION

Date: _____

Project: _____ Project Number: _____ Supervisor: _____

Project Manager: _____ Person Completing Form: _____

This form must be completed by a manager, supervisor or foreman within a 24-hour period and turned into the corporate office. It is the corporate policy to conduct post accident substance abuse screening as part of all occupational medical treatment. Refusal may result in termination of employment.

INJURED PERSON

Name (first, middle, & last) _____

SS# or Employee ID Number _____ Age: _____ Male _____ Female _____ Date of Injury: _____

Occupation: _____ Company Division: _____

ACCIDENT & INJURY SPECIFICS

Is this a first aid case only? No ___ Yes ___ If yes explain: _____

What is the injury? _____ Part of the Body: _____

When did the injury occur? _____ Witness to the injury? _____

Where did the injury happen? _____

How did the injury happen? _____

Any damage to equipment? No ___ Yes ___ If yes explain: _____

INJURY TREATMENT INFORMATION

Did the employee refuse treatment? No ___ Yes ___ If yes explain: _____

Medical treatment authorized by: _____

Name of medical treatment facility: _____

Address of medical treatment facility: _____

Medical billing and paperwork sent to: _____

Has the physician assigned restricted work? No ___ Yes ___ If yes explain: _____

Has the physician assigned days away from work? No ___ Yes ___ If yes how many: _____

Signature of Person Completing Form: _____

Midland Engineering Co., Inc.
ACCIDENT AND INJURY REPORTING INVESTIGATION
AND RECORDKEEPING

ACCIDENT & INJURY INVESTIGATION FORM

Accident Date: _____

First Aid or Recordable Injury? _____ Employee Name: _____

Time of Day: _____ Project Address: _____

Project Number: _____ Sex: _____ Birth Date: _____ Injured Part of Body: _____

Occupation when injured: _____ Location of Injury: _____

What job was being done? _____

What step in job process was being done? _____

How often does injured perform this job? _____

How did the accident happen? (provide specific details) _____

What did the individual do or fail to do that contributed to this incident? _____

What did someone else do or fail to do that contributed to the incident? _____

What other conditions contributed to the incident? _____

Is there a written safety rule written concerning this job? Yes No Were they being followed? Yes No

Was the injured employee instructed on the rule? Yes No

When did the individual last attend a safety meeting? _____ Topic? _____

Names of witnesses: _____ Witness Statement: _____

What actions have been taken and/or do you plan to take to prevent reoccurrence of this or any similar injury?

What recommendations do you make? _____

Supervisor/Foreman Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Midland Engineering Co., Inc.
ACCIDENT AND INJURY REPORTING INVESTIGATION
AND RECORDKEEPING

CHEMICAL SPILL / HAZARDOUS SUBSTANCE
EVALUATION SHEET

Job Location: _____

Hazardous Substance Name: _____

Product Location: _____

D.O.T. Number: _____ UN Class Hazard: _____

CAS Number: _____ Flash Point: _____

Ignition Temperature: _____ Boiling Point: _____

Flammable Limit Range: _____ lower % _____ to upper % _____

Vapor Density: (air=1.0) _____

Specific Gravity: (water=1.0) _____ Water Solubility: _____

Extinguishing Agent: _____

PPE Required: _____

EPA Suit: _____ Foam Type: _____

Flash Suit Required: _____

Evacuation Distance: _____ Hot Zone Size: _____

Special Precautions: TLV= _____ ppm _____

NFPA Rating: Red _____ Blue _____ Yellow _____ White _____

Special Information/Precautions: _____

Evaluation By: _____