

NUMBER 7.0 – ACCIDENT INVESTIGATION AND REPORTING

Number: 7.0

Issued: 5/2018

Revised: 1/2023

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1.0 PURPOSE:

To thoroughly and comprehensively investigate reportable accidents, damage accidents, first aid accidents and near miss incidents to determine root causes, and to take the appropriate actions to prevent recurrence.

2.0 POLICY:

All incidents involving property damage, injury or near misses will be thoroughly investigated and properly reported at all Signature facilities.

3.0 RESPONSIBILITIES:

- A. It is the responsibility of the **Facility Leader** to ensure compliance with this procedure in its entirety.
- B. It is the responsibility of **All Employees** to follow the requirements of this procedure.

4.0 PROCEDURE:

- A. For the purpose of reporting accidents, injuries, illnesses and near misses the following definitions will be used:

1. ACCIDENT - Any situation that occurs whether an injury resulted or not. This includes damage to equipment, facility or property on or off company premises.

2. IN PLANT FIRST AID - An injury which does not require the care of a physician and can be attended to by on-site first aid personnel. Examples include, but are not limited to: first degree burns, foreign bodies in the eye which can be removed by simple irrigation, skin abrasions, small cuts and minor contusions.

3. FIRST AID - Injuries or illnesses known as "First Aid" are reportable to the Workers Comp insurance carrier IF treatment involves medical treatment by a physician or other registered medical professional. They are not recordable under the OSHA 300 Log if the following applies: "First Aid" is the one-time treatment and any follow-up visit for observations of minor cuts, scratches, burns, splinters and so forth which do not ordinarily require medical care - even if treatment is provided by a physician or registered professional. Examples: x-rays for diagnosis with no problems found, tetanus or booster shots as preventative treatment, medications if prescribed for preventative treatment purposes only, secondary consultations of specialists as a preventive measure.

4. RECORDABLE ACCIDENT - Non-fatal cases without lost work days which resulted in medical treatment other than "First Aid". Medical treatment includes treatment administered by a physician or by a registered professional and include, but not limited to: stitches, prescribed medications. Recordable accidents must be entered in recordable section of the OSHA 300 Log.

5. ILLNESS - Occupational illness caused by equipment, process or chemicals used in the of company products. NOTE: Carpal Tunnel Syndrome is considered an illness since it occurs over time because of repetitive movements.

6. LOST TIME ACCIDENT - Other than fatalities, incidents that resulted in a lost work day after the injury in which the employee was scheduled to work. The day of the injury or illness does not count towards a lost time accident. Lost time days do not have to be consecutive. Lost Time Accidents must be entered on OSHA 300 Log in the Recordable and Lost Day sections of the log.

7. INJURY FREE EVENT - Include near misses and property damage incidents and the similar items where no physical injury occurs.

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- B. REPORTING:
- a. All safety incidents must be reported to the Facility Leader and the VP of Operations within eight hours.
 - b. Any OSHA recordable or incident requiring treatment of a professional healthcare provider, that involves an employee of Signature, must be reported to our insurance carrier.
 - c. Injuries or illness to temporary employees working through a temporary agency and supervised by the facility must be entered on the OSHA 300 Log, but not reported to our insurance carrier. Contract workers that are injured while working on company property, but not supervised by the facility should not be reported in the OSHA 300 log.
 - d. Within two days, a completed Accident Investigation and Reporting Form (see attached) must be completed for all First Aid, Recordable, and Lost Time incidents and sent to the Safety Coordinator.
- C. All first aid, recordable, and lost time accidents must be investigated as follows:
- a. Using the Signature Accident and Investigation Reporting Form (see attached) the Supervisor or Facility Leader will start the investigation. All questions on the Signature Accident Report must be completed in its entirety. At no time should the absence of a person be causing to delay an investigation.
 - b. The Supervisor/Facility Leader should promptly investigate the incident, identify the employee or equipment involved, witnesses involved, and, if possible, keep things from being moved at the scene. The Supervisor/Facility Leader should get a signed statement from the employee exactly where and how the accident occurred. Witnesses or co-workers should be interviewed to further understand the root cause and signed statements obtained. Pictures should be used to record the scene. After obtaining the facts through interviews and examination of the scene, the Supervisor and/or Facility Leader should identify the root cause of the incident.
- D. Any employee involved in a Safety Incident is required to be tested for drug and/or alcohol use – IF IT IS SUSPECTED THAT THE EMPLOYEE MAY BE UNDER THE INFLUENCE OF DRUGS OR ALCOHOL. It is the responsibility of the Facility Leader/Supervisor to arrange transportation and an escort to the designated facility for all employees who must submit to a drug and alcohol tests. The escort must be an employee who is in a leadership role with the company.
- E. Normally the reasons for the accident or near miss are related to an unsafe condition and/or an unsafe act. If it is an unsafe condition, the JHA (see 2.0: Job Hazard Analysis) must be reviewed and rewritten (if necessary). If it was an unsafe act, the employee involved must be disciplined in accordance with normal progressive disciplinary procedures for the facility.
- F. Employees failing to comply with this procedure will be disciplined in accordance with normal progressive disciplinary procedures for the facility.

5.0 ATTACHMENT / FORMS:

- A. Accident Investigation and Reporting Form

6.0 PROCEDURE HISTORY

- Original Issue - 5/2018
Revised – 6/2018
Revised – 5/2021
Revised – 1/2023



SAFETY POLICY AND PROCEDURE MANUAL

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ATTACHMENT A – ACCIDENT INVESTIGATION AND REPORTING FORM

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☐ LTA ☐ Recordable ☐ First Aid ☐ Near Miss ☐ Product/Facility Damage ☐ Other

Incident Information

Individual: _____

Incident Date: _____ Time of Incident: _____ a.m. p.m.

Date Reported: _____ Time Reported: _____ a.m. p.m.

Day of the week incident occurred: _____ Hours into Shift: _____

Reported to Whom (Name): _____

Machine/Location _____

**THE INFORMATION IN THE SECTION BELOW IS NEEDED FOR WORKERS COMPENSATION INSURANCE ONLY
THIS IS NOT TO BE DISTRIBUTED (COVER THIS SECTION FOR DISTRIBUTION)**

Employee Name: _____ Social Security #: _____

Date of Hire: _____ Date of Birth: _____ Age: _____

Sex: ☐ Male ☐ Female Employee Status: ☐ FT ☐ PT ☐ Temp

Street Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

Job Title: _____ Department: _____

Dept Incident Occurred In: _____ Job Performed: _____

Supervisor's Name: _____

Employee's Normal Schedule: _____ Average Hours Per Week: _____

Average Weekly Earnings: _____ Is Modified Work Available? ☐ Yes ☐ No

Will employee be compensated for lost time? ☐ Yes ☐ No

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Medical Information

Clinic/Treatment Provider: _____ Phone #: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Date sent to the clinic: _____

Describe Injury:

- ☐ Fracture ☐ Strain/Sprain ☐ Hearing Loss ☐ Burn ☐ Puncture ☐ Cut/Scrape ☐ Contusion
- ☐ Illness ☐ Laceration w/Stitches ☐ Other (Please describe): _____

What body part was affected?

- ☐ Thigh ☐ Eye ☐ Head ☐ Back ☐ Thumb ☐ Wrist ☐ Elbow ☐ Leg ☐ Hand ☐ Foot ☐ Chest
- ☐ Groin ☐ Ankle ☐ Ear ☐ Face ☐ Knee ☐ Finger ☐ Stomach ☐ Other (Please describe)

Type of Treatment Employee Received: _____

Did employee return to work on date of injury? ☐ Yes ☐ NoDoes the employee have restrictions? ☐ Yes ☐ NoWill the employee lose any time from work other than the first day? ☐ Yes ☐ No

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Investigation Worksheet**Ergonomic Considerations**1. Was ergonomics a factor in this incident? ☐ Yes ☐ No

(If yes, please explain) : _____

Work Area Considerations1. Was an unsafe condition a factor? ☐ Yes ☐ No2. Was there a distraction of any kind involved in the incident? ☐ Yes ☐ No

(If yes to any, please explain) : _____

Machinery Considerations1. Was there any equipment problems reported recently? ☐ Yes ☐ No2. Was Lockout/Tagout involved? ☐ Yes ☐ No3. Were guards and/or safety devices a factor in the incident? ☐ Yes ☐ No4. Was there a machine malfunction or issue that caused the incident? ☐ Yes ☐ No

(If yes to any, please explain) : _____

Material Handling Considerations1. Was excessive speed a factor? ☐ Yes ☐ No2. Was the incident a result of equipment failure? ☐ Yes ☐ No3. Was the load improperly centered/balanced? ☐ Yes ☐ No4. Was obstructed vision a factor? ☐ Yes ☐ No

5. Date of equipment inspection per policy? _____

(If yes to any, please explain) : _____

Training Considerations1. Did an unsafe act cause the incident? ☐ Yes ☐ No2. Was the employee not trained? ☐ Yes ☐ No3. Had the procedures to run the job changed recently? ☐ Yes ☐ No4. Was PPE being used improperly? ☐ Yes ☐ No

5. When was the last time the employee performed the job? _____

(If yes to any, please explain) : _____

Other Considerations1. Was a drug/alcohol test performed? ☐ Yes ☐ No2. Did any additional factors contribute to the incident? ☐ Yes ☐ No If so, please explain:_____



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Employee Description (Use additional pages as needed – attach to final report)

Describe how the incident occurred?

Witness Information/ Description (Use additional pages as needed – attach to final report)

List witness name(s) to the incident:

Witnesses' description of incident:

Supervisor's Investigation (Use additional pages as needed – attach to final report)

Supervisor's investigation of incident:

What was the unsafe act or condition?

Corrective Actions:

Immediate Action:

Long Range Action:

Target Action Date(s): _____

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Has employee received previous disciplinary action for safety or received safety infractions? ☐ Yes ☐ No

If yes, indicate date: _____

Will discipline be issued for this incident? ☐ Yes ☐ No If no, explain: _____Were all employees notified about the incident through plant meetings? ☐ Yes ☐ No

Number and Title of Written JHA (Job Hazard Analysis): _____

Is the hazard identified in the JHA: ☐ Yes ☐ NoDoes the JHA need to be reviewed: ☐ Yes ☐ No

Program Failure: (Check one or more programs whose failure contributed to this incident)

☐ Housekeeping ☐ Hazard Control ☐ Safety Meeting ☐ Near Miss ☐ PPE ☐ Other (Please describe) : _____

Supervisor Signature: _____ Date: _____

Employee Signature: _____ Date: _____

Facility Leader Signature: _____ Date: _____

Pictures need to be attached to this report when submitted.