

905A Injury Report Form 905A-623C639

Injured Employee's ID#:

First Name:

Last Name:

Job Title:

Department:

Section:

Division:

Experience in Current Position:

Experience with the City of
Tulsa:

Employment
Status:

Is Temporary

Experience in Current
Position:

Employee's Office
Phone #:

Employee's Supervisor:

Injury Claim Number (if applicable):

Injury Date:

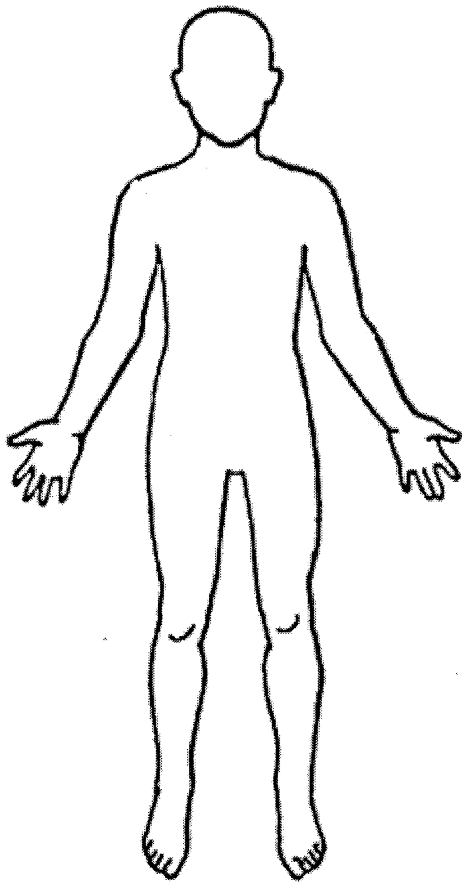
Most serious injury sustained:

How did the injury occur?

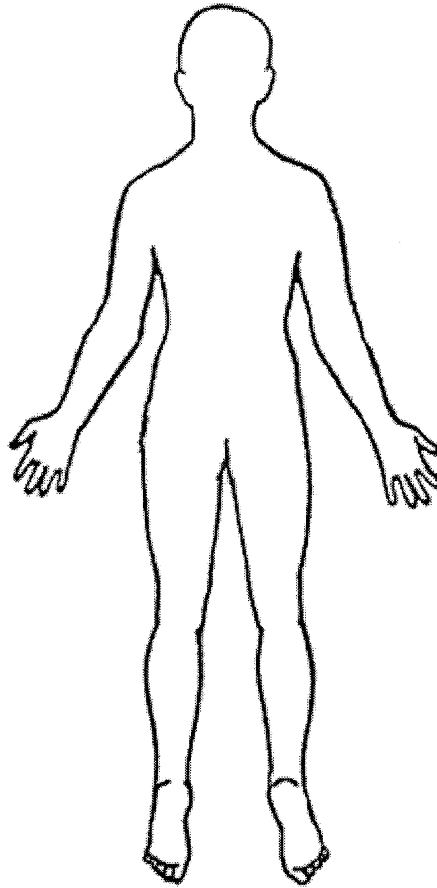
Injury Treatments:

- Information Only
- First Aid on site
- Supervisor required medical treatment
- Treatment at another facility
- Medical Treatment Beyond First Aid
- Medication given to employee
- Transfer / Restriction
Days Away

Indicate injury locations below:



Front



Back

Address where the injury occurred:

Specific location where the injury occurred:

Lighting:

Weather:

Job Description:

Task Description:

Timeline of Events

Please provide at least two events leading up to and including the event/injury.

Witnesses

First Name

Last Name

Statement/Comments

Workplace Hazards:

- Inadequate guard
- Safety device defective
- Tool or equipment defective
- Workstation layout hazardous
- Unsafe lighting
- Unsafe ventilation
- Lack of PPE available
- Lack of appropriate equipment/tools
- Unsafe clothing
- No training or insufficient training
- Other

Hazardous Acts:

- Operating without permission
- Operating at unsafe speed
- Servicing equipment that has power to it
- Making a safety device inoperative
- Using defective equipment
- Using equipment in an unapproved way
- Unsafe lifting
- Taking an unsafe position or posture
- Distraction, horseplay, etc
- Failure to wear PPE
- Failure to use available equipment/tools
- Other

Preventative Actions to be taken:

- Stop this activity
- Redesign work area
- Enforce existing Policy
- Redesign task steps
- PPE
- Fix or repair
- Routinely inspect for the hazard
- Train employee
- Other

- Guard the hazard
- Train supervisor

Other Comments/Notes:

Form Completed By: