

INCIDENT/HAZARD REPORT

SECTION A

<input type="checkbox"/> Hazard	Date & Time of Incident:	Date Reported:
<input type="checkbox"/> Near Miss	Location:	Reported To:
<input type="checkbox"/> Incident (Injury/Property Damage)	Department:	Reported By:

SECTION B DESCRIPTION OF HAZARD / NEAR MISS / INCIDENT

SECTION C CAUSES

SECTION D SUGGESTED CORRECTIONS

Investigated By:

Title:

Date:

SECTION E CORRECTIVE ACTION TAKEN

Department Safety Representative Signature Date

Department Head Signature Date

- **Address and Pictures of location (IF POSSIBLE)**
- **Description of the actual incident/hazard location in greater detail (pictures are very helpful)**

Section B: Description (Try and answer these questions before filling this out, use them to paint a better picture)

- **When did you notice a dangerous condition**(When walking down the hallway of the building and planning dept.)
- **What did you notice that could be a hazard or caused a hazard** (The last safety inspection was last year)
- **Describe the hazard, equipment, vehicle, public or county property, or tool being used in detail** (I was operating the John Deere 360 tractor with the attached New Holland flail mower, pictures attached)
- **What were you doing** (I was mowing road side weeds along I16 with other crew providing traffic control)
- **What happened** (while mowing I was radioed to stop and was informed that property damage occurred to a house I just past. A piece off the mower flew into breaking a window of a house 45' away from the roadway. pictures attached)
- **What broke** (further inspection of what broke determined be a U-bolt retainer and flail blade, pictures attached)
- **How did it break** (worn metal from years of operation allowed piece to break free from drum and become a projectile going through the window of the private property) Pictures attached
- **What was damaged or effected** (the flail mower pieces broke one large 3'x4' window, window blind and one small drywall hole in wall opposite side of room from window) Pictures or drawing attached

Section C: Causes (describe in detail)

- **What do you feel caused or created this identified hazard** (worn out parts, mowing close to structures, low to the ground mowing,
- **What caused the incident** (parts of the mower breaking free of the equipment)
- **What caused this to happen** (worn out parts, Mowing to close to the ground and private property)
- **Why did this happen** (mowing to close to structures, mower head to close to ground, no pre-project safety inspection of equipment)
- **When was the area, equipment or tool's last safety inspection** (equipment last services and inspected 6/2017)

Section D: Suggested Correction (how can this be prevented from happening again)

- **What did you do to correct or protect others from the hazard and what should be done permanently**
- **Review/implement regular preventive maintenance and safety inspections, with tracking log**
- **Implement daily pre and post-operation inspection of tools and equipment**
- **Alternative to procedure or action to perform the work (Identify ways to minimize the opportunity for this event to happen again)**
- **Review and update the COSP and or generate one to be followed (bring in co-workers for development input)**
- **Train on Code of Safe Practices (COSP) annually and document training.**

Section E: Corrective Action: What "HAS" been done to prevent this INCIDENT/HAZARD?

- **When and what has been done to correct this hazard (this could be multiple stages and dates over a period of time and will be documented)**
- **What have you done to notify, train or show other about the incident and correction**
- **When and did you train on, make an update to, or review the Code of Safe Practice (COSP)**
- **Send a picture of the correction or change**

COUNTY OF PLUMAS

Declination of Medical Treatment

This form should be completed **ONLY** if the Employee **DECLINES** medical treatment. If the Employee will go to either a physician, an Urgent Care facility or nearest hospital, the **Initial Injury-Workers' Compensation Packet** must be completed instead of the Declination of Medical Treatment packet.

EMPLOYEE: Check all that apply. Print name, sign and date. _____

In my opinion, I am not in need of any medical treatment at this time.

OR

In my opinion, I have received sufficient on-site first aid care.

I am fully capable of performing my Usual & Customary position. At this time I decline medical care. If I am in need of medical care related to this incident in the future, I will notify my Supervisor immediately and complete and Initial Injury Packet including the DWC-1 form, "Employee's Claim for Workers' Compensation Benefits".

Print Name: _____

Signature: _____

Date: _____

SUPERVISOR: Print, sign and date. _____

Print Name: _____

Signature: _____

Date: _____

Note: California Labor Code Section 5401(a) defines a First Aid Injury as any one-time treatment, and any follow-up visit for the purpose of observation of minor scratches, cuts burns, splinters, or other minor industrial injury, which does not ordinarily require medical care", and state that any injury that "results in lost time beyond the employee's work shift at the time of injury or which results in medical treatment beyond first aid" must be filed as a claim. All of the treatments detailed above fall under the First Aid category; therefore, unless further treatment is necessary, a workers' compensation claim does not need to be filed. Other treatment that is considered to fall under First Aid is a tetanus shot, or an x-ray to rule-out a fracture. If positive for a fracture, then you will need to file a workers' compensation claim.