

INCIDENT REPORT

(Please read *Incident Report Instructions* [TO-5i] carefully before completing this report.)

Branch: _____ Date of report: _____

Person Involved (For property losses or non-Witnesses, some information in this section may not apply.)

Congregation/Department: _____ Congregation number: _____

Last name: _____ First name(s): _____ Identification number (if applicable): _____

Phone number: _____ Date of birth: _____ Male Female

Home address: _____
(Street) (City) (Province or state) (Zone or code) (Country)

Presently employed: Yes No Occupation: _____

Check all that apply: Baptized Unbaptized publisher Regular pioneer Ministerial servant Elder

Bethel family member Construction servant Construction volunteer Other: _____

Incident Description (In the case of a catastrophic injury, please attach a diagram and photographs of the general location showing the arrangement of items at the time of the accident.)

Date of incident: _____ Day of the week: _____ Time of incident: _____

Weather conditions: Dry Rain Fog Lightning Snow High wind Ice Hail

Other: _____

Location of incident: Branch facility Assembly Hall Kingdom Hall Rented facility Other: _____

Address: _____
(Street) (City) (Province or state) (Zone or code) (Country)

Type of incident: Property damage Injury Illness Cumulative trauma Near-miss

Type of activity during which incident occurred: Meeting Assembly Convention Memorial Vehicular

Construction Maintenance Production Recreational Other: _____

Describe what happened. (Include the names of all persons involved.)

Injury Description (Please complete this section if the incident involves injury or illness.)

Nature of injury: Cut Fracture Burn Nerve damage Wound Loss of limb Head trauma

Fatality Other: _____

Body part(s) affected: Arm Hand Leg Foot Head Torso Hip Back Other: _____

Describe the injury: _____

Incident resulted in: Lost work time Restricted activity N/A

What is the expected duration of the recovery? _____ What is the expected number of workdays lost? _____

How was the injury treated at the scene? _____

Did the injury require hospitalization or an outside doctor? Yes No

Were the medical expenses cared for by the injured person's insurance or by a social program? Yes No

Name of the insurance company or social program: _____

Witness(es) to incident: (1) _____ (2) _____

Witness 1 address: _____
(Street) (City) (Province or state) (Zone or code) (Country)

Phone number: _____ E-mail address: _____

Witness 2 address: _____
(Street) (City) (Province or state) (Zone or code) (Country)

Phone number: _____ E-mail address: _____

Property Damage (Please complete this section if applicable.)

Cause of loss: Burglary Vandalism Fire Windstorm/Hail Water damage Vehicle Other: _____

If Kingdom Hall or Assembly Hall property has been damaged, have the Local Design/Construction Department representatives been contacted? Yes No N/A

List items damaged or stolen and the replacement cost. Please attach written estimates or bills, and indicate the owner's contact information in the case of private property.

Total amount of loss: _____ Total amount requested for assistance: _____

Safety Investigation (Please complete this section primarily for construction- and maintenance-related incidents. Do not complete this section for incidents involving an unbaptized individual.)

Check *all* factors in the list below that contributed to the incident:

RULES/PROCEDURES

- Developed but lacking documentation
- Developed but not accurate
- Developed but not clear/understandable
- Developed but not followed
- Developed but could not be followed
- Not developed

TRAINING

- Inaccurate/inaccessible manuals
- Inaccurate training
- Insufficient training
- Worker needed refresher training

COMMUNICATION

- Conditions changed without proper communication
- Confusion after communication
- Insufficient communication between crews/workers
- Insufficient communication between workers/supervisor
- Insufficient planning

OVERSIGHT

- Aware of unsafe conditions/acts but failed to correct
- Initiated unsafe conditions/acts
- Personally set wrong example

EQUIPMENT/FACILITIES

- Better engineering controls needed
- Corrosion/wear
- Equipment malfunction
- Faulty/missing personal protective equipment
- Under repair
- Insufficient guarding
- Repaired but problem recurred
- Tool used incorrectly

ERGONOMICS

- Awkward position
- Excessive force
- Highly repetitive movements
- Lack of job rotation
- Not conditioned
- Outside activities/hobbies
- Tool design
- Workstation/machine design

HURRYING

- Because of external factors
- Friendly competition (work)
- Lack of teamwork
- Taking shortcuts
- Supervisor implied need
- Worker(s) perceived need
- Workload too heavy

HAZARD

- Created by external factors
- Created by man
- Documented but not corrected
- Unidentified hazard

ATTITUDES/FEELINGS

- Absentminded/forgetful
- Angry
- Apathetic/indifferent
- Bored
- Careless
- Distracted
- False sense of impunity/invulnerability
- Impatient
- Impulsive
- No ownership ("Not my problem")
- Overly competitive (sports)
- Overconfident
- Overly playful
- Reckless

OTHER FACTORS

- Fatigue/working long hours
- Improper clothing or jewelry
- Physical limitations (such as eyesight, weight, strength, age)
- Physical overexertion
- Weather conditions
- _____

Describe (1) the primary cause and (2) any contributing factors.

Years of experience in the work being performed at the time of the incident:

What actions have been taken thus far to prevent recurrence?

What else should be done to prevent recurrence?

Should a new rule or procedure be established? Yes No

Who is responsible for the follow-through? _____

Print or type name:

 (Elder or safety coordinator) (Assisted by—elder, Assembly Hall Committee member, crew/construction group overseer, convention/assembly overseer) (Branch department overseer) (Branch Committee member)