

INJURY REPORTING GUIDE SHEET

OKLAND

REPORT ONLY AND ON-SITE FIRST AID

- Ensure injury report is completed and submitted to safety
- Advise worker to immediately notify you if injury persists or worsens
- Remember, when in doubt, it is always best to have the doctor treat an injury

MINOR – SERIOUS INJURIES

- Notify your safety professional immediately
- Secure the accident area and ensure that further injury is prevented
- Arrange to transport the injured worker to an authorized clinic. Injured workers are prohibited from driving themselves to the clinic
- Take photos of the accident scene and surrounding area immediately
- Post-accident drug test is required
- Ensure injury report is completed and submitted to safety

MINOR – SERIOUS INJURY DEFINED

- | | | | | |
|-------------|-----------------------|-----------------------------|----------------|-----------------|
| • Burn | • Dislocation | • Fracture of finger or toe | • Inflammation | • Puncture |
| • Contusion | • Foreign body in eye | • Infection | • Laceration | • Strain/Sprain |

CRITICAL INJURIES

- For life threatening injuries call 9-1-1 (authorized personnel only)
- Or arrange to transport the injured worker to an authorized clinic/hospital
- Notify your safety professional immediately
- Secure the accident area and ensure that further injury is prevented
 - » Do not allow the accident scene to be disturbed except for Emergency response personnel. OSHA notifications will be done by corporate safety only. OSHA representatives or anyone else requiring access to the job must be escorted by Okland management at all times.
- Instruct employees not to speak with news media. Contact with the media will be done only by authorized company spoke person
- Take photos of the accident scene and surrounding area immediately
- Post-accident drug test is required
- Ensure injury report is completed and submitted to safety

CRITICAL INJURY DEFINED

- | | | | |
|---------------------------|--|--|------------|
| • Places life in jeopardy | • Substantial loss of blood | • Burns to a major portion of the body | • Fatality |
| • Loss of consciousness | • Fracture of major bone (not finger or toe) | • Loss of sight in one eye | |

NOTES

- Ask the treating physician if he can prescribe over-the-counter medication instead of prescription for minor injuries
- Let the treating physician know that Okland can accommodate any type of light duty
- Request a doctor's release/work status report before leaving the clinic/hospital

Notify your designated Safety and Health Manager or Safety Department at 801.486.0144.

SUPERVISOR'S REPORT OF INJURY PART 1 OF 4

OKLAND

Full report to be completed and sent to Safety within 4 hours.

INJURY INFORMATION

TYPE OF INJURY:

- ☐ No Treatment - Report Only
- ☐ On-Site First Aid
- ☐ Clinic Visit
- ☐ Hospitalization

TO:

- ☐ Okland Employee
- ☐ Okland Temp Employee
- ☐ Subcontractor Employee
- ☐ Subcontractor Temp Employee

- ☐ Customer
- ☐ Visitor
- ☐ General Public
- ☐ Other: _____

Job No.: _____

Date of Injury: _____ Time of Injury: _____ ☐ a.m. ☐ p.m.

Injured's Name: _____ Phone No.: _____

Date of Birth: _____ Job Title: _____ Weeks on this Project: _____

Injured's Superintendent: _____ Cell Phone: _____

Injured's Foreman: _____

Injured's Person Reported the Injury to: _____ Date Reported: _____

Location/Area Injury Occurred: _____

Duties Being Performed: _____

Describe how the injury occurred: _____

CHOOSE FACTOR(S) THAT DIRECTLY OR INDIRECTLY CAUSED THE INJURY

- ☐ Caught in/Under/Between
- ☐ Chemical Exposure
- ☐ Dehydration
- ☐ Electrical Shock
- ☐ Fall - Different Level
- ☐ Fall - Same Level
- ☐ Lifting/Carrying
- ☐ Material Handling
- ☐ Personal Illness/Injury
- ☐ Repetitive Motion
- ☐ Rubbed or Abraded By
- ☐ Slipped/Did Not Fall
- ☐ Struck by/Against
- ☐ Temperature Extremes
- ☐ Vehicle/Equipment Accident
- ☐ Other: _____

PART OF BODY INJURED

- ☐ Head
- ☐ Ear(s) ☐ R ☐ L ☐ B
- ☐ Eye(s) ☐ R ☐ L ☐ B
- ☐ Nose
- ☐ Face
- ☐ Teeth
- ☐ Mouth
- ☐ Neck
- ☐ Upper Arm ☐ R ☐ L ☐ B
- ☐ Lower Arm ☐ R ☐ L ☐ B
- ☐ Elbow ☐ R ☐ L ☐ B
- ☐ Wrist ☐ R ☐ L ☐ B
- ☐ Hand ☐ R ☐ L ☐ B
- ☐ Finger(s)
- ☐ Thumb ☐ R ☐ L ☐ B
- ☐ Chest
- ☐ Upper Back
- ☐ Lower Back
- ☐ Groin
- ☐ Hip ☐ R ☐ L ☐ B
- ☐ Thigh ☐ R ☐ L ☐ B
- ☐ Knee ☐ R ☐ L ☐ B
- ☐ Lower Leg ☐ R ☐ L ☐ B
- ☐ Foot ☐ R ☐ L ☐ B
- ☐ Toe(s)
- ☐ Unknown at this time
- ☐ Other: _____

R: Right

L: Left

B: Both

ACKNOWLEDGMENT

Injured Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

For assistance, notify your designated Safety and Health Manager or Safety Department. The completed Injury Report must be emailed to safety@okland.com

☐ Injury Report: Part 1 - 4

☐ Witness Statements

☐ Doctor Note for Clinic and Hospital Visits

☐ Drug Test Receipt

☐ Pictures

SUPERVISOR'S ACCIDENT INVESTIGATION PART 2 OF 4

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Was this the injured person's regular work assignment? ☐ Yes ☐ No

If no, was the injured person trained for this assignment? ☐ Yes ☐ No

Environment	Yes	No	Comments	Corrective Action
1.1. Did the work area design contribute to the injury?	<input type="radio"/>	<input type="radio"/>		
1.2. Was the area cluttered?	<input type="radio"/>	<input type="radio"/>		
1.3. Did the injured person have to be in this area to complete the job?	<input type="checkbox"/>	<input type="checkbox"/>		
1.4. Were other conditions (noise, air contaminants, extreme temperatures, etc.) a contributing factor?	<input type="checkbox"/>	<input type="checkbox"/>		
1.5. Other	<input type="checkbox"/>	<input type="checkbox"/>		
Equipment/Tools	Yes	No	Comments	Corrective Action
2.1. Was the correct equipment being used?	<input type="radio"/>	<input type="radio"/>		
2.2. Was the correct equipment readily available?	<input type="radio"/>	<input type="radio"/>		
2.3. Did any defects or change in equipment/material contribute to hazardous conditions?	<input type="checkbox"/>	<input type="checkbox"/>		
2.4. Is regular maintenance done on machinery/equipment?	<input type="checkbox"/>	<input type="checkbox"/>		
2.5. Are there maintenance logs?	<input type="checkbox"/>	<input type="checkbox"/>		
2.6. Was the injured person using PPE (boots, hard hat, vest, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>		
Method	Yes	No	Comments	Corrective Action
3.1. Was the injured person performing according to SOP?	<input type="radio"/>	<input type="radio"/>		
3.2. Was there a better method to perform task?	<input type="radio"/>	<input type="radio"/>		
Injured	Yes	No	Comments	Corrective Action
4.1. Was safety equipment specified for this task?	<input type="radio"/>	<input type="radio"/>		
4.2. Was this equipment being used?	<input type="radio"/>	<input type="radio"/>		
4.3. Have safety procedures been established for this task?	<input type="checkbox"/>	<input type="checkbox"/>		
4.4. Were safety procedures being followed? If no, why?	<input type="checkbox"/>	<input type="checkbox"/>		
4.5. Was the injured person trained on necessary equipment?	<input type="checkbox"/>	<input type="checkbox"/>		
4.6. Was the injured person authorized to operate the equipment?	<input type="checkbox"/>	<input type="checkbox"/>		
Management	Yes	No	Comments	Corrective Action
5.1. Were the behaviors that caused the injury/illness observed before?	<input type="radio"/>	<input type="radio"/>		
5.2. If so, what was done?	<input type="radio"/>	<input type="radio"/>		
5.3. Does management require safe work practices related to this task? If yes, explain. How?	<input type="checkbox"/>	<input type="checkbox"/>		
5.4. Does management follow/support safety procedures?	<input type="checkbox"/>	<input type="checkbox"/>		
5.5. Have safety-related changes been made/suggested in this area?	<input type="checkbox"/>	<input type="checkbox"/>		

CHOOSE FACTOR(S) THAT DIRECTLY OR INDIRECTLY CAUSED THE INJURY

TO CORRECT UNSAFE ACTS

- ☐ Review/Change procedures
- ☐ Instruct injured person
- ☐ Instruct others
- ☐ Process improvement
- ☐ Other _____

DISCIPLINE INJURED PERSON ☐ Yes ☐ No

- ☐ Verbal Warning (document)
- ☐ Written Warning (re-train and document)
- ☐ Final Warning (document and remove from site)

TO CORRECT UNSAFE ACTS

- ☐ Eliminate condition
- ☐ Install safety guard
- ☐ Warn others of hazards
- ☐ Implement inspections
- ☐ Request repairs
- ☐ Initiate Ergonomic Review
- ☐ Other _____

TO CORRECT UNSAFE ACTS

1. _____
2. _____
3. _____
4. _____

CORRECTIVE ACTION COMPLETED

- ☐ Yes ☐ No

Injured Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

EMPLOYEE'S REPORT OF INJURY PART 3 OF 4

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My name: _____ Job #: _____
Mi nombre: _____ # Trabajo: _____

Date of injury: _____ Time of injury: _____ Employed by: _____
Fecha de lesión: _____ Hora de lesión: _____ Compañía: _____

When did you report this: _____ Who did you report it to: _____
Cuándo reportaste tu lesión: _____ A quien lo reportaste: _____

What is your injury: _____
Cuál es tu lesión: _____

Did you receive medical treatment for this injury: ☐ Yes ☐ No When: _____
Recibiste tratamiento médico: _____ Cuando: _____

Where: ☐ Project ☐ Clinic ☐ Emergency Room ☐ Personal doctor
En dónde: _____

Did pain develop suddenly or gradually: _____
Cómo se desarrolló el dolor, de repente o gradualmente: _____

Have you ever had this pain before: ☐ Yes ☐ No If yes, when and how often: _____
Has tenido este dolor antes: _____ Cuando: _____

Where exactly did it happen: _____
Donde exactamente sucedió: _____

What were you doing at the time: _____
Qué estabas haciendo en ese momento: _____

Describe what happened or how your injury occurred (include what, when, where, how, and why):
Describe lo que sucedió o como ocurrió tu lesión (incluye en detalle lo que paso, cuándo, en dónde, cómo y por qué):

Do you recall anything unusual or unexpected that happened: _____
Recuerdas algo inusual o inesperado que sucedió: _____

What work conditions contributed to this injury: _____
Cuáles condiciones de trabajo contribuyeron a esta lesión: _____

Did the supervisor ask you to perform an unsafe act: ☐ Yes ☐ No
El supervisor pidió que realizaras un acto inseguro: _____

What could you have done to prevent this injury: _____
Qué podrías haber hecho para prevenir esta lesión: _____

Who witnessed your injury: _____
Quien vio lo que te sucedió: _____

Your signature: _____
Tu firma: _____

Date: _____
Fecha: _____

OKLAND

Date: _____
Fecha: _____