



CITY OF ALLENTOWN

SUPERVISOR'S INJURY REPORT

1. Name of Employee:		2. Age:
3. Years of Service:	4. Time on Present Job:	
5. Title/Occupation:	6. Bureau:	
7. Date of Accident:	8. Time: AM	PM

9. Location of Accident:

A. NATURE OF INJURY

- Foreign Body
- Amputation
- Cut
- Puncture Wound
- Bruise
- Hernia
- Strain/Sprain
- Dermatitis
- Fracture
- Abrasion
- Burn
- Other, specify:

B. PART OF BODY INVOLVED

Head & Neck	Upper Extremities	Body	Lower Extremities
<input type="checkbox"/> Scalp <input type="checkbox"/> Eye(s) <input type="checkbox"/> Ear(s) <input type="checkbox"/> Mouth, Teeth <input type="checkbox"/> Neck <input type="checkbox"/> Face <input type="checkbox"/> Skull <input type="checkbox"/> Other, specify:	<input type="checkbox"/> Shoulder(s) <input type="checkbox"/> Arm(s) (Upper) <input type="checkbox"/> Elbow(s) <input type="checkbox"/> Forearm(s) <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Finger/Thumb <input type="checkbox"/> Other, specify:	<input type="checkbox"/> Back <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Groin <input type="checkbox"/> Other, specify:	<input type="checkbox"/> Hip(s) <input type="checkbox"/> Thigh(s) <input type="checkbox"/> Leg(s) <input type="checkbox"/> Knee(s) <input type="checkbox"/> Ankle(s) <input type="checkbox"/> Feet <input type="checkbox"/> Toe(s) <input type="checkbox"/> Other, specify:

C. ACCIDENT TYPE

- Struck against (rough, sharp object, surfaces, etc.)
- Struck by Falling Objects
- Struck by Sliding, Falling or Other Moving Objects
- Caught in, on or between
- Fall on Same Level
- Fall to Different Level
- Overexertion
- Slip
- Contact with Temperature Extremes
- Inhalation, Absorption, Ingestion, Poisoning, etc.
- Contact with Electrical Current
- Other, specify:

D. HAZARDOUS CONDITION

- Improperly or Inadequately Guarded
- Unguarded
- Defective Tools, Equipment, Substance
- Unsafe Design or Construction
- Improper Illumination
- Improper Dress
- Improper Ventilation

- Weather Conditions:
- Ice Rain
 - Snow Wind
 - Sleet Sun
- Poor Housekeeping
 Other, specify:

E. AGENCY OF ACCIDENT

In what specific area did the hazardous condition named in Section "D" exist. (Example: Saw Blade)

F. UNSAFE ACT

- Operating without Authority
- Operating at Unsafe Speed
- Operating with Inadequate Training
- Making Safety Devices Inoperable
- Using Defective Tools, Materials, Vehicle in Unsafe Manner
- Failure to Use Personal Protective Equipment (P.P.E.)
- Failure to use Equipment Provided (excluding P.P.E.)

- Unsafe Loading, Placing and/or Mixing
- Unsafe Lifting and/or Carrying
- Adjusting, Clearing Jams, Cleaning Machinery in Motion
- Horseplay
- Poor Housekeeping
- Other, specify:

G. CONTRIBUTING FACTORS

- Disregard of Instructions
- Physical Limitation

- Act of Other than Injured
- Other, specify:

H. WHAT CAN BE DONE TO PREVENT A SIMILAR SITUATION?

I. DESCRIBE BRIEFLY THE DETAILS OF THE ACCIDENT/INJURY

J. WITNESS

K. SUPERINTENDENT'S COMMENT

Supervisor's Signature:

Superintendent's Signature

Date:

Date: