

Appendix G

OCCUPATIONAL ACCIDENT, INJURY OR ILLNESS INVESTIGATION REPORT

Department: <u>MESA Lab</u>		
Supervisor's Name/Phone: <u>Brandon Stark (209) 814-7660</u>		
Person(s) involved: (include titles) <u>Brandon Stark, Lab Manager</u>		
Location: <u>Castle Rm 22</u>	Time: <u>2:10 pm</u>	Date: <u>9/23/2012</u>
Task being performed when accident occurred: <u>Organizing documentation</u>		

NOTE: This form is intended to serve only as a local record of the investigation. Should an injury or illness occur, required forms must be submitted to the Human Resources Office as outlined in the Workers' Compensation Manual for Supervisors. Call 724-4456 if copies are not available in your work area. Also, a "Hazard Correction Report" must be completed in conjunction with any accident, injury or illness.

Describe the accident, illness, or injury and the probable root cause(s) of the incident. Include the nature of the injury or illness, any eyewitness accounts, and any property damage which may have occurred. Be sure to include the names and phone numbers of any witnesses. Attach a separate sheet if necessary.

Brandon Stark was attempting to remove a staple from a document w/ a pair of tweezers and stabbed himself in the thumb. Minor blood loss and usage of a bandage was necessary

Describe what corrective actions need to be taken to ensure this type of incident does not recur. Also, include the name(s) and phone number(s) of those who will ensure that these corrective actions are done in a timely manner.

A proper staple remover will be purchased.

[Signature]
Signature of Supervisor Conducting Investigation

9/23/2012
Date

[Signature]
Signature of Safety Coordinator

9/23/2012
Date

(Do not sign until a thorough review of the incident by the Safety Committee is complete and corrective actions are in place.)