

ECTOR COUNTY

First Notice of Loss Incident Report

Report Prepared By – Name & Phone Number: Ray North	
Incident Date / Time:	Department:
Exact Location of Incident:	
Incident Type: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Motor Vehicle Collision <input type="checkbox"/> Near Miss	

Employee Information		
Employee Name:	Employee ID:	
Date of Birth / Age:	Job Title:	Driver License Number:
Employee - Work Location:	Supervisor:	

Occupational Injury or Illness Information
Description of Incident (Include body part):
Classification: OSHA Recordable - <input type="checkbox"/> Lost Time <input type="checkbox"/> Restricted Duty <input type="checkbox"/> Medical Treatment Non-OSHA Recordable - <input type="checkbox"/> First Aid by Doctor <input type="checkbox"/> First Aid Only <input type="checkbox"/> Non-Recordable Incident <input type="checkbox"/> Near Miss

Vehicle Collision Information
Description of Incident:

Cause Analysis				
Immediate Cause: What substandard acts and conditions caused this event?				
<p><u>Coding of Basic Causes: Check all applicable</u></p> <table style="width:100%;"> <tr> <th style="text-align: center; width: 50%;"><u>Acts</u></th> <th style="text-align: center; width: 50%;"><u>Conditions</u></th> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Operating Equipment <input type="checkbox"/> Equipment Not Secured <input type="checkbox"/> Operating Speed <input type="checkbox"/> Removing Safety / Environmental Devices <input type="checkbox"/> Loading <input type="checkbox"/> Placement <input type="checkbox"/> Position for Task <input type="checkbox"/> Use of PPE <input type="checkbox"/> Servicing Equipment in Operation <input type="checkbox"/> Horseplay <input type="checkbox"/> Under the Influence of Drugs / Alcohol <input type="checkbox"/> Others </td> <td style="vertical-align: top;"> <input type="checkbox"/> Guards <input type="checkbox"/> Protective Equipment <input type="checkbox"/> Tools, Equipment, Material <input type="checkbox"/> Congested or Restricted Area <input type="checkbox"/> Warning / Monitoring Alarms and System <input type="checkbox"/> Fire and Explosion Suppression Systems <input type="checkbox"/> Housekeeping <input type="checkbox"/> Environmental Conditions, e.g. Dusts, Fumes, Gases, Vapors, etc. <input type="checkbox"/> Noise <input type="checkbox"/> High / Low Temperature <input type="checkbox"/> Radiation <input type="checkbox"/> Ventilation <input type="checkbox"/> Concurrent Operations <input type="checkbox"/> Others </td> </tr> </table>	<u>Acts</u>	<u>Conditions</u>	<input type="checkbox"/> Operating Equipment <input type="checkbox"/> Equipment Not Secured <input type="checkbox"/> Operating Speed <input type="checkbox"/> Removing Safety / Environmental Devices <input type="checkbox"/> Loading <input type="checkbox"/> Placement <input type="checkbox"/> Position for Task <input type="checkbox"/> Use of PPE <input type="checkbox"/> Servicing Equipment in Operation <input type="checkbox"/> Horseplay <input type="checkbox"/> Under the Influence of Drugs / Alcohol <input type="checkbox"/> Others	<input type="checkbox"/> Guards <input type="checkbox"/> Protective Equipment <input type="checkbox"/> Tools, Equipment, Material <input type="checkbox"/> Congested or Restricted Area <input type="checkbox"/> Warning / Monitoring Alarms and System <input type="checkbox"/> Fire and Explosion Suppression Systems <input type="checkbox"/> Housekeeping <input type="checkbox"/> Environmental Conditions, e.g. Dusts, Fumes, Gases, Vapors, etc. <input type="checkbox"/> Noise <input type="checkbox"/> High / Low Temperature <input type="checkbox"/> Radiation <input type="checkbox"/> Ventilation <input type="checkbox"/> Concurrent Operations <input type="checkbox"/> Others
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