

Accident Reporting, Documentation, and Record Keeping

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5.1 PURPOSE

To provide procedures to be used when an employee is involved in a **near miss, accident, resulting or potentially resulting in property damage or personal injury or illness.**

5.2 GENERAL

Care will be rendered to all injured employees through self-administered first aid through use of company provided First Aid Kits; through observation and evaluation by employees trained in FA/CPR; and by medical providers established by T.A. Woods Company.

Medical circumstances will determine the extent of services.

5.3 PROCEDURES FOR HANDLING AN ACCIDENT OR INJURIES/ILLNESS

The employee must immediately report to his/her immediate supervisor all injuries and illness that occur during the course of his/her assigned work hours and while performing job duties. Under no circumstances should the employee leave the work area, project site, facility, or area of the accident, including when involving a company vehicle, without reporting the accident. The injured or ill employee is to be made comfortable and, if needed, transported to the medical facility as soon as possible.

INJURED EMPLOYEES WILL BE ESCORTED BY AN IMMEDIATE SUPERVISOR OR DESIGNATED EMPLOYEE TO MEDICAL FACILITIES. INJURED EMPLOYEES ARE NOT PERMITTED TO DRIVE THEMSELVES TO THE ASSIGNED FACILITY

In emergency situations, call emergency medical help including 911 or project owner's designated call number immediately for transportation and care. In situations, other than emergency, a representative of the company must accompany the injured employee to the medical facility. Contact the Safety Manager or assigned project manager for referral to an appropriate medical facility. Specific instructions will be provided by Safety/HR or project manager.

5.4 INCIDENT REPORTING REQUIREMENTS

All incidents, including near misses, accidents and/or injuries must be reported to the Safety Manager immediately upon notification by the affected employee(s).

When working on federal project, such as MACC projects, the following must be notified immediately, but under no circumstances outside of a two-hour time frame:

- TAW Safety/HR
- TAW Project Manager
- Project Engineering Technician (ET) and/or Officer in Charge of Construction

When working on facilities where TAW is the prime/controlling contractor, report must be made immediately, but under no circumstances outside of a two-hour time frame:

- TAW Safety/HR
- TAW Project Manager
- Assigned owner representative

When working on projects as a subcontractor, the prime/controlling contractor must be notified immediately, but under no circumstances outside of a four-hour time frame:

- TAW Safety/HR
- TAW Project Manager
- Assigned prime contractor representative

A written report must be completed as soon as possible, and in all circumstances by the end of the work day. TAW documents will be completed first and submitted for review. Other assigned reports such as those from project owners, controlling contractors, and the like will be completed next. Directions will be provided regarding submission.

- 5.4.1 First Aid Cases (No medical visit). One page Accident/Incident Report. All first aid cases must be reported to the employee's supervisor. Follow protocol listed above. Accident/Incident Report (Exhibit 6A) or similar document as assigned must be completed and provided to the Safety/HR.
- 5.4.2 Near Misses (no medical visit) will be treated in the same capacity as a First Aid Case. On page Accident/Incident Report will be completed and protocol listed above will be followed. Utilize Accident/Incident (Exhibit 6A) or similar document.
- 5.4.3 First Aid Cases (Medical visit) and Property Damage Cases. Injuries and illnesses requiring medical services and/or property damage must be reported immediately. Follow protocol listed above. A post-accident drug test will be conducted at the assigned medical facility. Accident Reporting & Treatment Form (Exhibit 6B) must be completed for all personal injuries needing medical treatment and all property damage accidents. Note that page 3 of the ART Form is to be completed by the involved employee. If a

company vehicle is involved, a Driver's Accident Report (Exhibit 6C) must also be completed. A post-accident drug test will be conducted following all accidents involving personal injury and/or property damage involving a company vehicle.

Depending upon the extent of medical observation and treatment, the incident may be recorded in the OSHA 300 Log. All completed documents should be forwarded Safety/HR. If Safety/HR is not accessible, then forwarded to the project manager.

5.4.3 OSHA Recordable Cases. HR/Safety will complete mandatory reporting requirements to both TAW's insurance carriers and state agencies. Communication will be made with site supervisors regarding status of injuries and illnesses.

5.4.4 **T.A. Woods Company Advocates Return to Work strategies** by making restricted duty assignments available to injured employees. This decision is made by Safety/HR and communicated verbally and in writing to all parties.

A Restricted Duty Work Assignment document is generated by HR/Safety and reviewed with the affected employee and site supervision.

5.4.5 Lost Time Cases. HR/Safety will complete mandatory reporting requirements to both TAW's insurance carriers and state agencies.

5.4.6 Death or Hospitalization. HR/Safety will complete mandatory reporting requirements to both TAW's insurance carriers and state agencies.

5.5 COMPLETING THE SUPERVISOR'S INVESTIGATION REPORT

All near misses, incidents, and accidents resulting in personal and/or property damage or possible personal and/or property damage will be investigated using completed documents, observations, and interviews.

The initial investigation will begin with the supervisor and effected employee(s) by reviewing and discussing the Incident/Accident Report, ART Form, and Driver's Accident Report as applicable. Written statement will be obtained from witnesses. Photographs will be taken of the accident area. All initial investigation documentation will be submitted to Safety/HR immediately. Additional investigation will be conducted by Safety/HR.

The goal of the investigation is multi-faceted with the concentration being to drill down to the root cause. By determining the root cause, strategies can be implemented to help alleviate additional incidents/accidents.

The involved employee will be assured his/her medical information will be maintained as private and only shared on a need to know basis.

5.6 EMPLOYER'S FIRST REPORT OF INJURY

Each state has developed an Employer's First Report of Injury. Safety/HR is responsible for submitting these reports.

5.7 OSHA and NCOSH RECORD KEEPING

5.7.1 The OSHA 300 Log. Entries on the OSHA 300 Log must be completed within accordance to the state or federal Occupational Health & Safety protocol.

All fixed establishments are required to maintain an OSHA 300 Log for recordable injuries/illnesses that occur at that facility during the calendar year.
The master 300 Log will be maintained at the corporate business office.

Note that any injuries/illnesses involving temporary agency employees could be subject to recording on our Log because we direct their day-to-day activities.

5.7.2 Retaining OSHA 300 Log. If a job site will be established for longer than one year, a separate Log must be maintained for that site. T.A. Woods Company maintains OSHA Logs and accident records for a minimum of 10 years.

5.7.3 Posting Requirements. A copy of the previous year's completed OSHA 300A Log must be posted from February 1 to April 30, where it may be seen by all employees during their normal business day. Establishments with no OSHA Recordables must still be completed and post the log. Enter all column totals (even if "zero") and sign and date the Log.

ACCIDENT/INCIDENT REPORT

*****IMPORTANT***** All blanks must be complete – use n/a if not applicable.

Employee Name:		Date of Incident:	
Employer (if not T.A. Woods Company)			
Time of Occurrence: AM PM		Occupation:	
Division:	Hire Date:	Time on Present Job:	
Jobsite Name:		Jobsite Address:	
Description How Injury or Property Damage Occurred:			
Police Report? No Yes		Were photos taken? No Yes	
If yes, Police report #?		If yes, send photos.	
Company Vehicle Involved?	Vehicle #	Make & Year	
No Yes			
Describe type of Injury/Property Damage:			
Note: If company vehicle is involved, complete Driver's Accident Report			
Witness		Employer	
What task was person performing (i.e. erection, dismantle, daisy chain, etc.)?			
What Equipment was involved (system, frame, part #, etc.)?			
Do we have items in our possession?		Who was T.A. Woods Foreman/Supervisor?	
No Yes			

Send names, phone numbers of anyone else (client, owner, etc.) who made a report or did an investigation.

Has Safety been Notified? (910) 452-7900 No Yes —→ *If Yes: Date & Time?*

First Aid?
No Yes

****Note: If medical treatment needed/provided,
supervisor must complete the Accident
Reporting/Treatment Form****

Investigating Supervisor:	Date:
Division Manager:	Date:

**** Please send report to Safety Manager.**

Exhibit 6A