



POLICY AND PROCEDURE MEMO

NO. 4.004
DATE: 9-12-13

SUBJECT: ACCIDENT/INJURY REPORT FORM
PROCEDURE

Dale W. Fitch
CITY MANAGER

I. STATEMENT:

To provide guidelines for the effective completion of the City of Rochester, NH Accident/Incident Report Form.

II. PROCEDURE

Supervisors are responsible to investigate all city accidents/incidents that involve employees they supervise or that occur in their area of responsibility. During an investigation the supervisor should review with the employee the description of the accident or property damage and ensure that page one of the reporting form is completely filled out by the employee. In the event that an employee is unable to complete page one of the form the supervisor should do so. The supervisor will complete page two with additional information and details. The City of Rochester's Accident/Incident Report Form is designed to documents the facts, gather statistical data, and assist in preparing recommendations for accident/incident prevention.

Department heads may designate specific individuals to sign the City's Accident/Incident Report Form in their absence.

The employee who is involved and the supervisor should prepare the Accident/Incident Report Form after investigating how and why an accident/incident has occurred.

The complete report should be printed whenever possible to ensure legibility.

One report should be submitted per accident/incident to Human Resources. All reports will be forwarded to the Joint loss Management Committee for review at their next meeting.

There should be no names on the form with the exception of the supervisor and department head signatures.

III. PAGE 1 TO BE COMPLETED BY EMPLOYEE

Section I. Top Section: This section of the report identifies the Department, Division, Date of Occurrence, Time, Date Reported, and Exact Location of



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accident. Completion of this section should be self-explanatory. All sections should be filled in. Record # at top right hand corner should be left blank to be filled in by Joint Loss Management Chair for tracking purposes.

Section II. Personal injury or illness: This section of the report should be used when an employee is injured as a result of a work related accident or has been exposed during the performance of work related duties due to illness for which treatment is needed. *It is also used when prescription glasses or other durable medical equipment has been broken as a result of a work related accident.*

- **Occupation:** Self-explanatory (Example: Officer, LEO, admin.)
- **Injury or Illness:** What kind of injury? (Example: sprain, cut or exposed to...)
- **Part of Body Affected:** Self-explanatory (Example: left thumb, lower back)
- **Equipment, tools involved:** Self-explanatory
- **Materials, chemicals:** What was being handled? (Example: gas, box of garbage bags)
- **Unusual Conditions:** Describe anything that was out of the ordinary that contributed to the accident.

Section III. Property damage

- **Property damaged:** What was damaged?
- **Estimated costs:** What are the estimated costs for repairs?
- **Nature of damage:** Describe the damage (Example: paint scrape, bricks knocked loose)
- **Cause of damage:** Self-explanatory (Example: tree, city vehicle #xx)
- **Unusual conditions:** Describe the unusual contributing factors (Example: icy road conditions, fog)



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Section IV: Description: Employee should describe what happened and how it happened.

Section V: Action taken: Check whichever section applies.

PAGE 2 TO BE COMPLETED BY SUPERVISOR

Section VI: Supervisor comments: Give any additional information pertinent to the accident or incident.

Section VII: Possible factors involved: Check off any factors that may apply to the accident or incident. Add any explanation in the box below that has not been covered elsewhere on the form.

Section VIII: Planned follow-up action: Supervisor should describe any action that will be taken to prevent reoccurrence. This can include training, equipment, workplace restructuring or any other pertinent action.

Supervisor's signature: The supervisor completing the form must sign and date it.

Department head signature: The head of the department or designee must also sign and date the form. The Accident/Incident report Form should be forwarded to Human Resources by the next workday following signature by Department Head.

See Attached Form(s)

City of Rochester, NH Accident/Injury Report Form

-END OF PROCEDURE-