PREVENTABLE INJURY & INCIDENT ANALYSIS REPORT

PARTNER INFORMATION

1. Type Case (Check One)	2. Facility Name	3. WC Claim #	4. Let Rest Case (Y/N)
[ ] Close Call [x] First Aid [ ] Lost Time [ ] Fatality [ ] Incident [ ] Medical Treatment [ ] Restricted Work Case	Brighton	NA	NA

5. Name, (Last Name, First Name, M. Initial)	6. Birthdate	7. Sex	8. SSN / Partner No.	9. Department	10. OSHA 300 Log #
Lonnie, Burnum	6/21/1981	M [ ] F [x]		Production	NA

11. Time of Accident	12. Shift Worked	13. Date of Accident	14. Date Reported	15. Job being performed at time of incident
[x] AM 10:55 [ ] PM	[ ] Night [x] Day [ ] Evening	9/23/2016	9/23/2016	Lexel rework

16. Regular Job (if different than #15)	17. Experience in Job (#15)	18. If Hospitalized - Name	19. Attending Physician
Production	Years 0 Months 0	NA	NA

20. OSHA Code (check one)				21. Indicate Body Part Affected-left or right side
[ ] 10. Injury	[ ] 22. Dust Disease	[ ] 24. Systemic Poisoning	[ ] 26. Trauma Disorder	Palm of left hand.
[ ] 21. Skin Disease	[ ] 23. Respiratory / Toxic	[ ] 25. Non-Toxic Disorder	[ ] 29. Other Occupational Illness	

INCIDENT DESCRIPTION AND RELATED INFORMATION OF DIRECT CAUSES

22. Exact Location Incident Occurred: In front of Lexel room.

23. Description of Injury / Illness: Machine pinched left palm.

24. On Plant Premises: [x] Yes [ ] No **25. On Clock** [x] Yes [ ] No

26. Task injured was doing at time of incident or illness (ex. Changing fuse, driving lift truck, removing strapping, etc.)
Name of Witnesses:NA

27. Description of events or facts relating to the incident. Type as much as needed to describe the incident in the box below and the box will expand.

When Lonni was operating the Lexel rework machine, her left hand got in the way when the cylinder was half way through its cycle, pinching her left palm.

Name of Witnesses: No witnesses.

28. Check type of incident:

- [ ] a. Struck by
- [ ] b. Struck Against
- [ ] c. Contacted by
- [x] d. Contact with
- [ ] e. Trapped in
- [ ] f. Caught on
- [ ] g. Caught between
- [ ] h. Same level fall
- [ ] i. Different level fall
- [ ] j. Strain/over exertion
- [ ] k. Exposure
- [ ] l. Other:

ANALYSIS OF INCIDENT INDIRECT CAUSES

UNSAFE CONDITIONS

29. What condition of tools, equipment, or job site caused or contributed

- [x] a. Inadequate guards/safety dev.
- [ ] b. Hazardous personal attire
- [ ] c. Inadequate warning system
- [ ] d. Fire or explosion hazard
- [ ] e. Unsecured against movement
- [ ] f. Poor housekeeping
- [ ] g. Protruding object
- [ ] h. Close clearance/congestion
- [ ] i. Hazardous arrange/storage
- [ ] j. Defective tools/equipment
- [ ] k. Atmospheric condition
- [ ] l. Illumination/noise
- [ ] m. Other unsafe condition
- [ ] n. No unsafe condition

30. What caused or influenced above unsafe condition (Answer only if item 29 applies - Check no more than 2)

- [x] a. Caused by employee
- [ ] b. Defective from normal use
- [ ] c. Defective via abuse/misuse
- [ ] d. Safety inspection failure
- [ ] e. Housekeep/cleaned failure
- [ ] f. Faulty design/construction
- [ ] g. Inadequate illumination
- [ ] h. Prevent Maintenance Failure
- [ ] i. Defective tools/equipment
- [ ] j. Exposure to corrosion
- [ ] k. Extreme temperature
- [ ] l. Caused by other employee
- [ ] m. Other source cause
- [ ] n. Unknown source cause

AT RISK BEHAVIOR

31. What did the team member do or fail to do that caused or contributed to the incident?

- [ ] a. Operating without authority
- [ ] b. Failure to make secure
- [ ] c Operating at risk speed
- [ ] d. Failure to warn/signal
- [ ] e. Nullified safety device
- [ ] f. Used defective equipment
- [ ] g. Used equipment unsafely
- [ ] h. Used wrong tool
- [ ] i. Failure to make inoperative
- [ ] j. Riding hazardous equipment
- [ ] k. Took at risk position
- [ ] l. Horseplay, destructive
- [ ] m. No protective equipment worn
- [ ] n. At risk job procedure
- [ ] o No unsafe action
- [ ] p Other

32. What caused or influenced above at risk behavior: (Answer only if item 31 applies - Check no more than 2)

- [ ] a. Unaware of job hazards
- [ ] b. Inattention to hazard
- [ ] c. Unaware of safe method
- [ ] d. Low level job skill
- [ ] e. Tried to gain or save time
- [ ] f. Tried to avoid extra effort
- [ ] g. Tried to avoid discomfort
- [ ] h. Influence of emotions
- [ ] i. Influence of fatigue
- [ ] j. Influence of intoxicant/drugs
- [ ] k. Defective vision
- [ ] l. Influence of illness
- [ ] m. Other personal factors
- [ ] n. Unknown personal factors

PREVENTION

33. What action has been taken (mark X) or is planned (mark P) to prevent recurrence: (Mark no more than five) List Action Date:

- [x] a. Reinstruction of employees involved
- [ ] b. Reprimand/warn of employees involved
- [ ] c. Penalty discipline of employees involved
- [ ] d. Preventive instruction of others who do job
- [ ] e. Job reassigned of employee
- [ ] f. Improved inspection procedure
- [ ] g. Improved cleanup procedure
- [ ] h. Action to improve enforcement
- [x] i. Order JSA done on job
- [ ] j. Order JSA revision
- [x] k. Install safety guard device
- [ ] l. Require protective equipment
- [ ] m. Repair/replace equipment
- [ ] n. Improve storage/arrangement
- [x] o. Improve design/construction
- [ ] p. Eliminate congestion
- [ ] q. Use safer material/supplies
- [ ] r. Improve illumination
- [ ] s. Improve ventilation
- [ ] t. Mandatory pre-job Instructions
- [ ] u. Correction other than above

34. Explain Prevention Action Taken: Reviewed pinch point hazards with Lonnie.

35. Preventative Action has been reviewed for effectiveness: **Review Date:** 9/23/2016

36. List Contributing Factor No.(s) (See Contributing Factors Matrix for examples): D24

37. JSA has been reviewed to determine if the contributing factors of this incident are included in the JSA **Review Date:**

38. Investigated by:	39. Reviewed & Approved by Dept. Mgr.:	40. Reviewed by HR:
Date:9-23-2016	Date:	Date:
Print Name: Fred Williams	Print Name:	Print Name:
Signature: Fred Williams	Signature:	Signature:

41. Incident/Accident reviewed by Safety Team? Yes [ ] No [ ] **Review Date:**

TA/TL to forward a copy of all reports to:
HRTL & Safety