

Leadership – Investigation Report

Team Member Injury

Near Miss Injury Illness Property Damage First Aid only

Team Member Name Vanessa Alarid Time and Date of Incident 6:45AM/PM, 12/24/16

Detailed Description of Incident Vanessa reported that her hand got caught on the conveyor belt of a Little David Tape Machine. She was separating two boxes that had been taped together, she reached under one box near machine and caught her hand on the belt

Part of Body that was affected Back/Top side of Right hand

ROOT CAUSE ANALYSIS

Behavior of Team Member that Contributed to Injury. Improper or Failure to: (Check one or more)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Lifting or handling techniques | <input type="checkbox"/> Transporting of merchandise | <input type="checkbox"/> Running or horseplay |
| <input type="checkbox"/> Use of equipment or tools | <input type="checkbox"/> Handling of shopping carts | <input type="checkbox"/> Inattention or distracted |
| <input type="checkbox"/> Cleanup of equipment/ tools | <input type="checkbox"/> Warn of danger (no cones, no verbal) | <input type="checkbox"/> Unauthorized use of equipment |
| <input type="checkbox"/> Stocking or storage practice | <input type="checkbox"/> Work within doctor's restrictions | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Not wearing Protective Equipment | <input type="checkbox"/> Work technique / Excessive repetition | <input type="checkbox"/> Behavior uncertain |
| <input type="checkbox"/> Removal or bypass of safety device | | |

Comments: Being aware of moving parts on machine, Keep hands clear power down machine when there is an issue or problem.

Conditions. Damaged/Improper: (Check one or more)

- | | | |
|---|--|--|
| <input type="checkbox"/> Tools or equipment | <input type="checkbox"/> Display, pallet or electric cord hazard | <input type="checkbox"/> Chemical hazard |
| <input type="checkbox"/> Building or fixture | <input type="checkbox"/> Idle cart, hand jack, or pallet jack | <input type="checkbox"/> Food product hazard |
| <input type="checkbox"/> Walking or working surface | <input type="checkbox"/> Pallet load | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Weather related | <input type="checkbox"/> Housekeeping or congestion | <input type="checkbox"/> Condition uncertain |
| <input type="checkbox"/> Wet or dry slippery substance on floor | <input type="checkbox"/> Hot or cold temperature exposure | |

Comments: _____

Improper.... or Failure to.....check ALL boxes that apply:

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Training | <input type="checkbox"/> Protect from rainy or icy weather | <input type="checkbox"/> Delivery of product to store |
| <input type="checkbox"/> TMs disregard for policies /procedures | <input type="checkbox"/> Floor surface issues (physical) | <input type="checkbox"/> Food safety issues/procedures |
| <input type="checkbox"/> Personal Protective Equipment | <input type="checkbox"/> Response to a floor spill | <input type="checkbox"/> Action of others (customers, TMs) |
| <input checked="" type="checkbox"/> Use of Tools or Equipment | <input type="checkbox"/> Cleanup of a floor spill | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Building or equipment maintenance | <input type="checkbox"/> Return carts promptly & safely | <input type="checkbox"/> Underlying Cause not applicable |
| | <input type="checkbox"/> Stocking or positioning of product | |

Comments: May need more training on machines being used. Understand no guards on this particular machine and be aware of all moving parts can be a hazard.

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CORRECTIVE ACTIONS TAKEN

TM/TL Retraining

Identify Safety Re-training(s) TM will have before beginning work again:

1. proper use of machine
2. hazards that pertain to machine
3. steps for corrective action involving machine issues Anticipated date: 12/27/16

Policy Infraction(s) Identified _____ Corrective Action date / /

Identify TEAM Training topic(s) and set date: _____ / /

Identify STORE Training topic(s) and set date: _____ / /

Other TMs identified for Re-Training _____

Correction of Unsafe Condition

Additional tools or equipment provided: _____

Equipment repaired or replaced: _____

Building or fixture repaired: _____

Unsafe condition corrected: _____

Other: _____

ADDITIONAL INFORMATION

Will review all steps of proper use for machine. 1. start-up, 2. operation, 3. troubleshooting, 4. corrective action, 5. powering down.

PHOTOGRAPHS and VIDEO

Video Films reviewed: yes no

Out of video range yes no

Pictures taken: yes no

How many pictures: _____

Date Photos taken: _____

By whom: _____

Where stored: _____

Duplicates Sent to: _____

Report Completed By:

Signature: 

Today's Date: 12-26-16

Print your name: Jude Martinez

Store Phone #:

Store Team Leader:

Store: