

NCWM Incident/Accident Report

(To be completed & submitted unsigned, anonymously)

The purpose of this form is accident prevention. Please incorporate this report into your safety program documentation procedures. Completing this brief report will allow NCWM to alert other organizations and jurisdictions of hazards and possible corrective actions.

1. What weights & measures function was the employee performing, where, and when?

2. Briefly describe the incident.

3. Contributing factors (check all that are appropriate):

- | | | |
|---|---|--|
| <input type="checkbox"/> inexperience | <input type="checkbox"/> weather conditions | <input type="checkbox"/> improper equipment |
| <input type="checkbox"/> lack of training | <input type="checkbox"/> equipment failure | <input type="checkbox"/> lack of protective gear |
| <input type="checkbox"/> employee error | <input type="checkbox"/> failure to follow procedures | <input type="checkbox"/> hazardous materials |
| <input type="checkbox"/> insufficient personnel | <input type="checkbox"/> job fatigue | <input type="checkbox"/> unsafe work surface |
| <input type="checkbox"/> haste | <input type="checkbox"/> environmental conditions | <input type="checkbox"/> housekeeping |
| | | <input type="checkbox"/> other |

Comments

4. Recommendations for corrective action:

Continue your comments on the (Page 2) or back of this sheet

Please send to Ken Butcher, NIST, 100 Bureau Drive Stop 2350, Gaithersburg, MD 20899-2350 (telephone: 301-975-3991) (FAX 301-926-0647)

Continuation of Comments on Numbered Items

1.

2.

3.

4.

Miscellaneous remarks:
