Sandia National Laboratories

REPORT OF OCCUPATIONAL INJURY/ILLNESS

(Based on the OSHA definitions and requirements which may or may not be consistent with various state compensation laws)

NOTICE OF INCIDENT

(Pursuant to Chapter 52, NMSA 1978 section 52-1-29)

Instructions: All personnel are required to complete pages 1 and 2 of this form (e.g., employees at remote sites, contractors). Page 3 pertains only to contracting personnel only. Page 4 provides a list of the causal factors to be used in the course of the investigation.

Date received in Medical _____	Case No. _____	Date received in Injury/Illness Reporting _____

Name(Last, First, MI)	Org.	Gender	Date of Birth

Date of Incident	Time of Day	Time Began Work	Location of Incident (Bldg/Room)	Incident was: Inside/Outside	Hire Date (MM/DD/YY)

Job Category (Secretary, electrician, scientist, etc)	Job experience [(yr(s)mo(s)]	Employee Shift

Type of Injury (e.g., strain, fracture, laceration)	Body Part Injured	Side of Body Injured

Does someone other than the manager supervise MOW's work? If yes, who is the matrixed manager?

Briefly describe the activity the MOW was performing and how the incident occurred.

Employee Signature	Work Phone	Date

INVESTIGATION - MANAGER (Foreman, Inspector, etc.)

Was this incident a "close call"?	Yes ☐	No ☐	If yes, explain why?
Was the task adequately planned?	Yes ☐	No ☐	If no, why not?
Was the task adequately supervised?	Yes ☐	No ☐	If no, why not?
Were hazards identified for the task being performed?	Yes ☐	No ☐	If no, why not?
Were controls specified for the person's task?	Yes ☐	No ☐	If no, why not?
Was PPE required for the person to properly perform their task?	Yes ☐	No ☐	If yes, what PPE was required?
			Was PPE properly used?
Was place of incident or exposure on Sandia's premises?	Yes ☐	No ☐	
Was employee sent home due to incident?	Yes ☐	No ☐	If yes, when is the MOW expected to return to work? _____ (MM/DD/YY)

Describe the object or substance to directly harm the person:

Construct the sequence of events that led up to the incident.

Describe what happened:

What unsafe conditions contributed to this incident?

What actions taken by the MOW contributed to the incident?

What factors influenced either the conditions or the actions?

Name(Last, First, MI)

Select the appropriate causal factors for this incident. (See page 4 for complete list)	
Was there any property damage associated with this incident?	Yes ☐ No ☐
Did you use an investigation team to help you complete your investigation?	Yes ☐ No ☐
If yes, please list the individuals below:	
Did you receive any information from witnesses?	Yes ☐ No ☐
If yes, please list their name(s) and their statement:	
List any interim/temporary control measures taken?	
How can this incident or injury be mitigated in the future. List any corrective actions that are recommended. Who is responsible to ensure that actions are completed? By what date?	

Manager's Name (print or type)	Org	M.S.
Manager's Signature	Date	Phone

(Pertains to Contracting Personnel Only)

CONTRACTOR INFORMATION-PLEASE COMPLETE THE FOLLOWING INFORAMTION

Contractor Company Name	Contract ID Phone	Name of SNL Supervisor /Inspector Org. M.S. Phone

Is Member of the Workforce a construction contractor? If yes, is the MOW a prime or sub-contractor?

Workdays Lost Yes ☐ No ☐	If yes, what are the dates of the lost workdays?	
Are there any work restrictions? Yes ☐ No ☐	If yes, do the restrictions affect MOW's normal job duties?	If yes, what are the dates of the restrictions**?**

OSHA RECORDABILITY DETERMINATION (To Be filled out by Contracting Company)

Diagnosis

☐ Contusion

☐ Fracture

☐ Laceration

☐ Loss of Consciousness

☐ Strain/Sprain

☐ Other: _____
(please explain)

Treatment

☐ First Aid Only _____
(please explain)

☐ Sutures

☐ Prescription Medication

☐ OTC Medication

☐ Steri-strip/Butterfly

☐ Splint (Support)

☐ Splint (Immobilize)

☐ Other: _____
(please explain)

Disposition

☐ Outside Referral

☐ Physical Therapy

☐ Sent Home

☐ Accommodations

☐ None of the Above

Treatment Date:

Examined by physician/NP/PA? Yes ☐ No ☐

Attending medical professional's name:	Medical Facility Name:	Medical Facility Address:

INJURY AND ILLNESS REPORTING USE ONLY

DOE Case Recordable Yes ☐ No ☐

Investigative Comments See Attachment ☐ Not Work Related ☐

Safety Reporting Administrator	Org	M.S.	Phone	Date

Causal Factors to be used in the Investigation Process
(Please select one or more causal factors.)

Chemicals - Container Poor Condition
Chemicals - Improper / Inadequate Ventilation
Chemicals - Improper Use
Chemicals - Potential Sensitivity or Reaction
Emp. Factors - Action of Another Employee
Emp. Factors - Action of Employee
Emp. Factors - Hazard Known Not Reported
Emp. Factors - Inadequate Planning
Emp. Factors - Inattention, Confusion Distraction
Emp. Factors - Inexperience
Emp. Factors - Medication or Failure to Take Medication
Emp. Factors - Moving, Working or Operating Unsafely
Emp. Factors - Not Capable Of Performing Job
Emp. Factors - Physical Condition (Fatigue, Etc.)
Emp. Factors - Should Not Have Been In the Area
Emp. Factors - Variation from ESH Requirement
Environment - Air Quality
Environment - Ice & Snow
Environment - Insect, Animal, Plant
Environment - Weather Conditions
Equipment - Failure
Equipment - Guarding
Equipment - Improper Design
Equipment - Inadequate Maintenance
Equipment - Incorrect
Equipment - Misuse or Operating Unsafely
Equipment - Not Available
Equipment - Not Used
Equipment - Poor Condition
Ergonomics - Awkward Work Position
Ergonomics - Excessive Force
Ergonomics - Gripping Objects Insecurely
Ergonomics - Lifting / Carrying
Ergonomics - Pushing / Pulling
Ergonomics - Repetitive Motion
Ergonomics - Vibration
Ergonomics - Workstation Design, Adjustment or Size
Historical - Exposure
Horse Play - Action of Another Person
Horse Play - Action of Employee
Housekeeping - Congested Work Area
Housekeeping - Improper Storage
Housekeeping - Work Area Obstructions
Maintenance - Facility Condition
Maintenance - Improper Lighting
Maintenance - Poor Condition of Walking / Working Surfaces
Maintenance - Walking Working Surfaces
Management - Hazard Known Not Reported
Management - Inadequate Planning
Management - Incorrect Management Direction
Management - Overtime
Management - Schedule Requirements
Other - Mental Stress
Other - Not Work Related
Other - Other Factors Not Listed (Describe)
PPE - Incorrect
PPE - Not Available
PPE - Not Used
PPE - Poor Condition
PPE - Used Incorrectly
Procedures - Incomplete or Misleading
Procedures - Not Available
Procedures - Not Followed / Used
Procedures - Performed Out Of Sequence
Training - Inadequate
Training - Not Completed
Training - Not Identified