

CHECKLIST OF ACCIDENT FACTORS

Nature of Injury

abrasions fracture puncture amputation dermatitis ganglion
 burns foreign body hernia bruises chemical burn strain or sprain
 scald cut other _____

Body Part

Head & Neck	Upper Extremities	Body	Lower Extremities
<input type="checkbox"/> scalp	<input type="checkbox"/> shoulder	<input type="checkbox"/> back	<input type="checkbox"/> hips
<input type="checkbox"/> ears	<input type="checkbox"/> arms (upper)	<input type="checkbox"/> chest	<input type="checkbox"/> thigh
<input type="checkbox"/> eyes	<input type="checkbox"/> elbow	<input type="checkbox"/> abdomen	<input type="checkbox"/> legs
<input type="checkbox"/> face	<input type="checkbox"/> forearm	<input type="checkbox"/> groin	<input type="checkbox"/> knee
<input type="checkbox"/> neck	<input type="checkbox"/> wrist	<input type="checkbox"/> other _____	<input type="checkbox"/> feet
<input type="checkbox"/> skull	<input type="checkbox"/> hand		<input type="checkbox"/> toes
<input type="checkbox"/> mouth	<input type="checkbox"/> finger & thumb		<input type="checkbox"/> other _____
<input type="checkbox"/> other _____	<input type="checkbox"/> other _____		

Type of Accident

<input type="checkbox"/> Overexertion (resulting in strain, hernia, etc.) <input type="checkbox"/> Fall on same level <input type="checkbox"/> Fall to different level <input type="checkbox"/> slip (not a fall) <input type="checkbox"/> caught in, on or between	<input type="checkbox"/> Struck against (rough or sharp object or surfaces) <input type="checkbox"/> Struck by flying object <input type="checkbox"/> struck by sliding, falling or other moving objects <input type="checkbox"/> contact with temperature extremes, burns	<input type="checkbox"/> Contact with electric current <input type="checkbox"/> Inhalation, absorption, ingestion, poisoning <input type="checkbox"/> others _____ _____
---	---	---

Unsafe Act

<input type="checkbox"/> Unsafe lifting & carrying <input type="checkbox"/> unsafe loading, placing <input type="checkbox"/> failure to use personal protective equipment <input type="checkbox"/> unsafe position or posture <input type="checkbox"/> failure to use equipment provided (except personal protective)	<input type="checkbox"/> machinery in motion-adjusting clearing jams, cleaning <input type="checkbox"/> pool housekeeping <input type="checkbox"/> horseplay <input type="checkbox"/> operating without authority <input type="checkbox"/> operating at unsafe speed <input type="checkbox"/> unsafe position or posture	<input type="checkbox"/> failure to warn or secure <input type="checkbox"/> making safety devices or guards inoperative <input type="checkbox"/> using defective equipment materials, tools, or vehicles <input type="checkbox"/> others _____ <input type="checkbox"/> no unsafe act
---	---	---

Hazardous Conditions

<input type="checkbox"/> unguarded machinery <input type="checkbox"/> improperly guarded machinery <input type="checkbox"/> defective tools, equipment or substances <input type="checkbox"/> slippery surfaces	<input type="checkbox"/> unsafe design or construction <input type="checkbox"/> hazardous arrangement <input type="checkbox"/> improper illumination <input type="checkbox"/> improper ventilation <input type="checkbox"/> no unsafe act	<input type="checkbox"/> improper dress <input type="checkbox"/> poor housekeeping <input type="checkbox"/> congested area <input type="checkbox"/> others _____
--	---	---

Contributing Factors

<input type="checkbox"/> Lack of knowledge or skill <input type="checkbox"/> act of other than injured <input type="checkbox"/> improper instructions <input type="checkbox"/> improper attitude	<input type="checkbox"/> disregard of instructions <input type="checkbox"/> bodily defects <input type="checkbox"/> lack of attention <input type="checkbox"/> personal problems	<input type="checkbox"/> failure to report to medical department <input type="checkbox"/> others _____ <input type="checkbox"/> no contributing factors
---	---	---

White – school copy

yellow – safety coordinator copy