



BOARD OF COMMISSIONERS  
*Work Session Agenda*

Tuesday, April 6, 2021

10:30 AM

*or immediately following the regular board meeting*

*Meeting to be held in the County Board Room via teleconference,  
hosted at the Historic Courthouse, 215 1st Ave S, Long Prairie, MN.*

**PUBLIC WILL NOT BE ALLOWED TO ATTEND IN PERSON.**

**MEETING WILL BE LIVE-STREAMED AT: [HTTPS://WWW.CO.TODD.MN.US](https://www.co.todd.mn.us)**

***Agenda Item #***

***Agenda Time:***

- |          |                                                                            |       |
|----------|----------------------------------------------------------------------------|-------|
| <b>1</b> | <b>AWAIR Manual - Update</b><br><i>Sara Ogren, Human Resources Manager</i> | 10:30 |
| <b>2</b> | <b>2021 Assessment Summary</b><br><i>Chris Odden, County Assessor</i>      | 10:35 |

# Todd County Safety Program

Todd County

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MINNESOTA



**A WORKPLACE ACCIDENT and INJURY REDUCTION  
PROGRAM  
AWAIR**

*Revised January 2021*

Dear Employee:

This manual is not a contract for employment but a guideline for occupational safety issues in an effort to comply with applicable safety requirements in the workplace.

This manual was created to furnish Todd County with a source of information in order to carry out their obligations of providing a safe and healthful workplace for their employees.

The Minnesota AWAIR Act key points are also addressed in this document as they apply to counties.

The Key Points of the Minnesota AWAIR Act are:

1. Assignment of Responsibility
2. Hazard Identification, Analysis and Control
3. Communication and Training
4. Accident Investigation
5. Enforcements of Rules

This manual should not be considered "all-inclusive"; circumstances may arise in the course of a working day, which cannot be anticipated. Other safety measures may be required under your particular circumstances and conditions.

In addition, the information contained in the manual has been obtained from sources believed to be reliable, Todd County makes no guarantee, and assumes no responsibility, for the correctness, sufficiency, and completeness of its contents.

Other programs and policies may be added to this manual to fully encapsulate Todd County's commitment to safety. Todd County will provide the necessary training for implementation.

Todd County Administration

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# Letter from County Board

Date: January 22, 2021

To: All Employees of Todd County

Re: Safety Program

Employees are considered one of our most important assets; therefore, their safety is very important to us. It is our objective to provide a safe and healthful work place for all of our employees. Therefore, we have developed a safety program to govern the operation in Todd County.

Todd County Administration fully intends to be an active part of this safety program by formulating all necessary safety program procedures and statements. Todd County Administration will be visibly involved with the safety program, promote safety related activities, encourage employee awareness, and review the safety program at least once a year.

Todd County fully authorizes its supervisors to enforce this safety program, make safety-related decisions and, if necessary, take disciplinary action. Supervisory personnel will be accountable for the safety of their employees and will take the lead in working safely at all times.

As an employee of our county, you automatically accept a moral obligation to see that operations under your control are carried out in an efficient and safe manner. Every employee must report hazardous conditions to their supervisor when possible.

This county, through safety policies, safety related programs and safety awareness intends to be safety-minded at all times. Every employee has a role in the safety program. We can only meet our objective of a safe work place *if* we have the full support and cooperation of every employee.

Sincerely,

County Board

# Safety Policy Statement

It is our policy to provide a healthy and safe work place for our employees, customers and the general public. Todd County will comply with all federal, state, and local standards, as they pertain to our workplace.

It is the responsibility of Todd County to initiate and maintain safety programs which, in part, will consist of constant awareness of job site conditions, materials, and equipment. It is the responsibility of every Supervisor to oversee a safe operation. They have complete authority to take whatever action is necessary to accomplish this objective. It is every employee's responsibility to comply with all appropriate Todd County safety rules, Occupational Safety and Health Administration (OSHA) requirements, and other recognized standards. Each employee is responsible for reporting unsafe acts or conditions, reporting defective or unsafe equipment, and using all safety equipment that is provided. The Human Resources Manager has been designated as the Safety Coordinator for Todd County. All questions with respect to this Policy or Todd County safety rules should be directed to the Safety Coordinator.

Violation of safety rules will be considered potential grounds for disciplinary action, using the Todd County Disciplinary Action Policy as a guideline.

Todd County Board Chair

# Goals and Objectives

Todd County is committed to providing its employees a safe working environment. In an effort to achieve this environment, Todd County has set forth goals and objectives as part of their safety program. These goals will be evaluated on a regular basis to determine the effectiveness and progress of the Safety Program.

## **GOALS: (Specific, Measurable, Attainable, Relevant, Time Targeted)**

- To continue the excellent safety record attained by Todd County to date.
- To reduce our workers' compensation recordable injuries by 20% by 2024 using 2020 as the baseline.
- To increase safety awareness and help develop safe work habits among employees and contractors.
- To conduct and complete incident investigations with recommended corrective action within 5 days of an incident.

## **OBJECTIVES:**

- To provide a comprehensive and measurable standard for safety that will apply to all aspects of operations.
- To establish an enviable record in accident prevention that can be used as a sales tool for obtaining prime contracts.
- To provide job sites with safe and healthful working conditions for all employees and our subcontractors on site.
- To provide and maintain safe equipment and tools for everyday use.
- To comply and abide by all federal, state, and local regulations.
- Address all employee safety concerns in a timely manner. Respond to employee within 24 hours and create an action plan within 5 working days.
- Perform annual safety walk through of all departments. Take corrective action as appropriate by following a communicated time line.

# Responsibilities

When the responsibility for safety is assigned and understood, implementation and enforcement of the Safety Program is likely to occur. Preventing accidents and injuries is dependent upon properly controlling the working environment and work habits of each employee. Todd County has designated the Human Resources Manager as the person responsible for this Safety Program. In addition to other duties, the HR Manager will:

1. Identify and evaluate workplace hazards by establishing methods and procedures for correcting unsafe work practices.

2. Review accidents with Supervisors and/or Maintenance.
3. Perform investigations, submit injury reports, and maintain OSHA records in a timely manner.
4. Ensure that records on training, inspections, and corrective measures are properly maintained.
5. Ensure that proper safety equipment, first aid equipment, and personal protective equipment are available and used by employees when appropriate.
6. Ensure that employees receive proper training in general and specific safety/ health practices through on-site education, video, web based or a combination of training media.
7. Ensure that procedures are available for effectively communicating Todd County's safety rules to employees.
8. If needed or required, revise the existing safety procedures, rules and regulations and submit proposed changes for approval.
9. Maintain current knowledge of published safety regulations and advise the Todd County Board of Commissioners of compliance and of conditions requiring attention.
10. Provides for the protection of the public.

## **Enforcement of Safety Rules**

### ***MANAGEMENT'S RESPONSIBILITIES***

1. Establishes rules, procedures, and guidelines designed to promote safety.
2. Provides leadership and guidance to supervisory personnel for the acceptance, maintenance, and enforcement of the Safety Program. This includes providing current information on government, state, and local regulations for Occupational Safety and Health Administration (OSHA).
3. Periodically audits and reviews the safety records and reporting functions.
4. Monitors the follow-up of recommendations made to improve performance, control losses and prevent accidents.
5. Delegates authority to others under his/her supervision to expedite and facilitate the application of the Safety Program.

### ***SUPERVISOR'S RESPONSIBILITIES***

1. Enforces all phases of the Safety Program and, by showing a sincere attitude toward safety, motivates all personnel to work safely.
2. Instructs new employees on job safety and the correct methods and techniques to follow when assigned to a particular job.



3. Coordinates work activities in such a manner that the safety of every employee is not jeopardized by the work activities of others. When these conditions are unavoidable, alternative safety precautions will be taken.
4. Maintains on-site records as required by this program.
5. Ensures that adequate and suitable safety equipment and personal protective equipment is furnished, used, cared for, and maintained by all employees.
6. Investigates accidents and incidents which occur under his/her supervision and makes prompt accident/incident reports. Directs "First Report of Injury" forms to the Administration office for processing.
7. Inspects work areas to detect hazards and takes action, within his/her authority, to correct situations that contribute to accidents.
8. Provides medical attention to any injured employee and/or directs him/her to nearest medical facility.
9. Knows the laws pertaining to safety and health. Maintains compliance with all Todd County, Federal, State, and local safety regulations.

### ***SAFETY COMMITTEE'S RESPONSIBILITIES***

1. Conduct bi-monthly meetings, area inspections, review accident summaries, identify hazards and address any and all safety concerns raised by employees.
2. Review the AWAIR Program at least annually and make recommendations concerning updates and revisions to the program to the Safety Coordinator.
3. Safety Committee members each represent their particular work area and, therefore, should address all safety concerns brought to them by their coworkers. These concerns should be handled by initially investigating the issue with the area supervisor to determine if the concern is valid and then, as necessary and appropriate, bring the issue to the Department Head and Safety Coordinator, or the full safety committee when deemed necessary.

### ***EMPLOYEE'S RESPONSIBILITIES***

1. Becomes familiar with and abides by all federal, state, and local regulations which apply to Todd County's operations.
2. Works according to good safety practices as posted, instructed, or discussed and maintains physical and mental standards necessary to do the job.
3. Conduct daily inspections of assigned work areas to identify unsafe conditions. Reports any unsafe conditions to his/her Supervisor/foreman.
4. Immediately reports all accidents or near accidents involving property damage or injuries regardless of who was at fault.
5. Uses and maintains all personal protective and other county-owned equipment properly.

## **REPORTING UNSAFE CONDITIONS**

It is the policy of Todd County to encourage all employees to report hazards existing at their work site to their Supervisor so that corrective action can be taken in a timely manner. Employees may submit suggestions for improvement to Supervisors directly or submit them to Administration. **Employees reporting such conditions will not be disciplined nor will they suffer any reprisals due to their actions.** [See Appendix I](#)

## **General Safety Rules**

These safety rules had been provided for the protection of Todd County employees.

Compliance with all Todd County safe work rules and practices is required of all employees and contractors. Any employee failing to follow the safety rules and regulations of Todd County will be subject to disciplinary action. Contractors are expected to require their employees to follow Todd County safety rules at all times.

1. Report to your Supervisor any unsafe conditions that could affect your performance or safety.
2. Report all injuries, accidents, or damage of equipment to your Supervisor immediately.
3. Report to a doctor when instructed to do so. You must notify your Supervisor by the end of the work day if you feel medical attention is needed.
4. Review with your Supervisor the requirements of your specific job assignment. If unclear, don't take chances, ask.
5. Properly handle, use, maintain and store tools and equipment and remove them from service if found to be defective. Use the appropriate tools for the job.
6. Do not remove, displace, damage, or destroy safety devices furnished for use on the job.
7. Good housekeeping is required on each job site. Keep work areas clear of excessive debris and maintain a clear path for walkways and ramps.
8. Wear your personal protective equipment, including hard hats at all times while on the job.
9. No alcoholic beverages or illegal drugs are permitted on Todd County premises at any time. Anyone found in possession of the above will be subject to disciplinary action.
10. Firearms are permitted on Todd County premises by those who are required to use them for the purposes of their job only.
11. No horseplay, reckless and endangering activities, or fighting will be allowed.

## **Safe Work Practices**

1. Give your wholehearted support to safety activities. Preventing an accident depends mostly on YOU!
2. When entering different work areas, become familiar with all required and posted safety precautions. OBEY ALL WARNING SIGNS POSTED.

3. Wear suitable clothing for the job. Examples include winter weather clothing, approved safety footwear, gloves, and long pants.
4. Be sure your footing is well supported before stepping. Watch out for slippery spots, loose objects, ice, snow, materials, etc.
5. Follow good lifting practices. Think before lifting! Size up the job, obtain help, if needed, and give help when needed. Follow instructions on proper workplace ergonomics.
6. Do not use makeshift equipment to climb on. Use ladders or stairways for climbing.
7. Know the location of fire extinguishers and how to use them.
8. Jewelry (rings, bracelets, neck chains, etc.) should not be worn when working around machinery or equipment.
9. Practice good housekeeping; pick up your tools.
10. Do not operate tools or equipment with protective guards that have been removed. Never distract another employee.
11. If sensors or alarms indicate an excess of carbon monoxide, please vacate the area immediately, and notify your Foreman or Supervisor immediately.
12. Whether or not a specific rule is contained in this list, work with care, good judgment and common sense at all times!

## Enforcement of Rules

Employees found performing work in an unsafe manner may be subject to discipline or termination. The Todd County enforcement clause is as follows:

*"Any employee who knowingly commits an unsafe act or creates an unsafe condition, disregards the safety policy, or is repeated safety or health offender may be subject to disciplinary action, up to and including termination of employment."*

The disciplinary action taken will follow the county personnel policy.

## Safety Training Program

### **Training Program**

The basic purpose of safety training is to teach employees to work safely, reduce injuries and prevent pain and suffering. Each Supervisor must make sure employees know their specific job duties and how to perform them safely.

It is Todd County's intent to send a strong message regarding safety from the first day on the job. The Todd County Administration and Management Team will strive to keep employees current on new safety procedures and provide proper training and instruction.

## ***Orientation of New Employees***

Each new employee will be provided with a safety orientation which will concentrate on encouraging and developing a good safety attitude. New employees will be taught the main points below:

1. Todd County Administration and Management Team are sincerely interested in the safety of every employee and is committed to providing a safe working environment.
2. The immediate Supervisor will point out particular hazards to new employees assigned to them, and explain the need and use of safety equipment and personal protective equipment. Safe work habits, training, and daily awareness can prevent most accidents. It is the responsibility of every employee to work safely and follow all safety rules.
3. All employees are required to immediately report all injuries.
4. No employee should undertake a job until he/she has been properly trained in the safety requirements of the job.
5. Every employee is required to report to their Supervisor any unsafe conditions or actions that are encountered.
6. New employees will be made aware of first aid facilities and the location of fire extinguishers.
7. Each new employee will be shown the location of the safety policy, necessary forms to report unsafe conditions, and provided any personal protective equipment necessary. The Supervisor will provide training and a full explanation, if necessary.

## ***Employee Refresher Training:***

1. Refresher training courses will be conducted at least once a year to communicate to employees any new developments in the safety field and to ensure compliance with our Safety Program.
2. Specialized training on Right-to-Know, CPR, First Aid, Competent Person (Excavating), etc. will be conducted as needed.
3. Training will be provided whenever new work processes are introduced.
4. Tests will be administered to ensure that employees understand their safety requirements.
5. The training of employees will be documented, noting the date of training and topics discussed, signed by the employee and instructor. This training documentation becomes part of the employee's personnel file.

## ***Supervisor Safety Training***

- Supervisory training provides key personnel with up-to-date safety practices and ever-changing laws.
  - Supervisory training helps Supervisors fulfill their responsibilities by teaching:
    - How to investigate accidents/near misses
    - How to perform safety audits

- How to maintain interest in safety and communicate effectively
- How to teach job skills and general safety training
- How to conduct "New Hire Orientations"
- Supervisory training teaches Supervisors how to train their crews.

## Evaluating Workplace Hazards

### ***Job Site Inspections***

The job site safety inspection is intended to detect and correct potential losses before they occur and maintain safe working conditions. Supervisors will conduct a periodic walk-through alerting employees to potential dangers that may develop during their work activities. Employees are to take an active part in observing and reporting job site hazards. An "Employee Report of Unsafe Conditions" ([See Appendix I](#)) UNS2 form can be used to report known hazards.

### ***Documentation***

Scheduled safety inspections must be documented and submitted to Administration for retention. The report should include an inspection checklist and point out areas which were acceptable and those found to be deficient. Following the inspection, remedial actions will be developed, follow-up action taken, a report clearly written "Follow Up Documentation on Report of Unsafe Conditions" and properly kept on file. The third party administrator of our Workers Compensation Program can assist with these safety inspections.

### ***Job Hazard Control Inspection Inventory***

To determine what factors affect the inspection procedure, a hazard control inspection inventory should be conducted by management. Job sites, buildings, yard, machinery, tools, vehicles will be listed in a prioritized fashion and assigned to Supervisors and/or Safety Inspectors. Items that will be inspected include:

- Environmental factors (illumination, dust, fumes, gases, mists, vibration, etc.)
- Hazardous materials (explosives, flammables, acids, caustics, etc.)
- Electrical equipment (switches, fuses, breakers, outlets, extension cords, etc.)
- Hand tools (saws, wrenches, screwdrivers, power tools, etc.)
- Personal protective equipment (hard hats, safety glasses, safety shoes, etc.)
- Fire protection and emergency response equipment (extinguishers, etc.)
- Walkways and roadways (ramps, sidewalks, aisles, vehicle ways, escape routes)
- Working surfaces (ladders, scaffolds, platforms)
- Containers (scrap bins, disposal receptacles, gas cylinders)
- Structural openings (floor openings, windows, doors, shafts, pits)
- Any other miscellaneous items that do not fit in the preceding categories.

# ACCIDENT INVESTIGATIONS

Supervisors must be responsible for the initial accident investigation. He/she has been given proper training in accident investigations, and is probably the first person in authority at the accident scene and can immediately assess the situation. Accidents/near-miss incidents should be detailed in narrative form indicating who, what, where, when, how, and why about the incident.

## ***Accident Investigation Procedures:***

1. In accidents that result in injury, secure proper medical treatment for the injured employee. Show concern for the employee's injury, no matter how minor it is.
2. Notify appropriate personnel:
  - a) Employee's supervisor
  - b) Safety Coordinator
  - c) Worker's Compensation Insurance Carrier
  - d) All employers are required to notify OSHA when an employee is killed on the job or suffers a work-related hospitalization, amputation, or loss of an eye.
  - e) A fatality must be reported within 8 hours.
  - f) An in-patient hospitalization, amputation, or eye loss must be reported within 24 hours.
3. Begin the investigation as soon as possible:
  - a) Inspect the scene for any hazards that could cause another accident.
  - b) Keep everyone away from the immediate area so that the scene remains undisturbed until all the facts can be collected.
  - c) Listen to the injured employee's story before asking questions.
  - d) Personally interview everyone involved. Don't interrupt while people are describing what they saw and heard.
  - e) Use tact in clearing up discrepancies. Check your understanding of the story.
  - f) Take notes on physical conditions that have a bearing on the accident. Record the time, date, weather, visibility, traffic conditions, etc.
  - g) Recreate the accident and take photos, if necessary.
  - h) Fill out an accident investigation form. See [Accident Report](#) form (Appendix II) and submit to Administration immediately.

## ***Accident Reports:***

Each and every accident that results in injury, lost work days, or damage to property will be investigated in order to obtain factual information that leads a supervisor to correct and eliminate hazards, thus preventing or reducing accidents. All accidents will be investigated despite the severity of the injury. However, the extent of the investigation depends on the outcome or potential outcome of the accident.

## ***Purpose***

Accurate record keeping is important because it:

- provides data that will be used to evaluate hazards
- measures the overall progress and effectiveness of the safety program
- creates interest in safety among supervisors by furnishing them with information
- about the accident experience of their own projects and
- is required by OSHA, State Department of Labor, and insurance carriers

## ***Responsibilities***

It is the responsibility of Todd County Administration to maintain all work-related employee injuries and illnesses that are required by OSHA, workers' compensation agencies, and insurance carriers. These reports will be completed in a timely fashion in an accurate and understandable manner.

## ***Required Reports***

1. OSHA 300 Log (Bureau of Labor Statistics) - A listing of recordable occupational injuries and illnesses noting the name of employee injured or who acquires a job-related illness.
  - a. A recordable injury is one that requires medical treatment (other than 1st aid) or involves loss of consciousness, restriction of work, or lost workdays.
  - b. This log will be maintained at the start of each year and will be made available to OSHA inspectors during on-site inspections.
  - c. The 300A Summary of this log will be posted annually by February 1st until April 30 of each year.
  - d. The OSHA 300 Log will remain on file for a period of 5 years following the end of the calendar year to which they relate.
2. First Report of Injury Form must be submitted to OSHA within 8 hours if an accident results in a fatality or within 24 hours when an in-patient hospitalization, amputation, or eye loss has occurred To make a report call OSHA 24-hour hotline at 1-800-321-6742 or report online <https://www.osha.gov/pls/ser/serform.html>
3. A report must be made to MNDLI in the event of a fatality or serious injury within 48 hours. <https://www.dli.mn.gov/business/workplace-safety-and-health/mnosha-compliance-report-accident-fatality-or-serious-injury>

# Appendix I Report of Hazard

EMPLOYEE REPORT OF ALLEGED UNSAFE OR UNHEALTHFUL WORKING CONDITIONS		
<i>This form is provided for the assistance of any complainant and is not intended to constitute the exclusive means by which a issue may be registered with the local Safety Office (Ref OSHA Poster on rights of employees and their representatives).</i>		
The undersigned (check one) <input type="checkbox"/> Employee <input type="checkbox"/> Representative of Employee <input type="checkbox"/> Other (Specify) _____ believes that a job safety or health hazard exists at the following place of employment		
Does this hazard(s) immediately threaten Physical Harm? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" checked, immediately contact your supervisor or safety representative.		
Name of official in charge _____ Telephone _____ Operation/Activity _____ Exact Location of Worksite _____ _____		
1. Kind of Operation _____ _____ _____		
2. Describe briefly the hazard which exists, including the appropriate number of employees exposed to or threatened by such hazard _____ _____ _____ _____		
3. List by number and/or name the particular occupational safety and health standard(s) which may have been violated <input type="checkbox"/> Unknown _____		
4. (a) To your knowledge, has this hazard been the subject of any union/management grievance or have you (or anyone you know) otherwise called it to the attention of or discussed it with the employer or any representative thereof? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ (b) If so, please give the results thereof, including any efforts by management to eliminate or reduce the severity of the hazard _____ _____ _____		
5. Please indicate your desire <input type="checkbox"/> I do not want my name revealed to the official in charge. <input type="checkbox"/> My name may be revealed to the official in charge.		
WORK LOCATION	TELEPHONE NUMBER	DATE
TYPED OR PRINTED NAME OF EMPLOYEE OR EMPLOYEE REPRESENTATIVE		SIGNATURE



# Appendix II Accident/Incident Investigation Report

(To be completed immediately after incident, even where there is no injury.)

NAME OF INJURED EMPLOYEE \_\_\_\_\_ UNIT \_\_\_\_\_

DEPT. \_\_\_\_\_ Job Title \_\_\_\_\_ Years of Service \_\_\_\_\_ Time on Present Job \_\_\_\_\_

Date Injured \_\_\_\_\_ Hour \_\_\_\_\_ A.M. P.M. Time Started Work That Day \_\_\_\_\_

Date Received Medical Treatment \_\_\_\_\_

Description of Injury \_\_\_\_\_

Severity of Injury: (check appropriate box and give brief explanation)

- First Aid Only \_\_\_\_\_
- Doctor's Care \_\_\_\_\_
- Lost Time \_\_\_\_\_
- Near Miss \_\_\_\_\_

Description of how Incident occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What causative agent was most directly related to incident?  
(Object, Substance, Machine, Conditions) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What unsafe conditions existed at time of incident? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What unsafe act by injured and/or others contributed to incident?  
(Improper Attitude, Safety Rules, Unsafe Position or Posture, Using Unsafe Equipment, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## JOB SAFETY ANALYSIS

Is there a JOB SAFETY ANALYSIS? YES  NO

If YES, Does analysis need revision? YES  NO

If so, by what date will it be revised? \_\_\_\_\_

Was injured person using required personal protective equipment? YES  NO

Have similar incidents like this occurred in this department within the past year? YES  NO

If YES, what corrective action was taken at that time and way wasn't the corrective action effective?  
\_\_\_\_\_  
\_\_\_\_\_

WHAT CAN BE DONE TO PREVENT A RECURRENCE OF THIS TYPE OF INCIDENT?

**Appendix II Accident/Incident Investigation Report Continued**

(List action plan in step sequence.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who will take this action? \_\_\_\_\_

Witnesses to Incident \_\_\_\_\_

Investigation Committee: \_\_\_\_\_

\_\_\_\_\_

Date Prepared \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

**DEPARTMENT HEAD'S APPRAISAL AND RECOMMENDATIONS**

In your opinion, what action on the part of injured person or others contributed to this injury?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was there compliance with proper job procedures and facilities maintenance?

\_\_\_\_\_  
\_\_\_\_\_

Recommendation(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How will you insure that the plan of action to prevent or control recurrences is implemented?

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF DEPARTMENT HEAD

**SAFETY COORDINATOR REVIEW**

Comments: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF SAFETY COORD.

Is review and follow-up analysis on corrective action required?      YES       NO

If yes, outcome \_\_\_\_\_

\_\_\_\_\_

If work order or repairs needed, date completed \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

The following proven interviewing techniques can increase the chances of getting the desired information:

1. ***Put the employee at ease.*** The best way of doing this is to remind them of the purpose of the interview. Remind them that you are interested only in preventing a recurrence of the accident and that you can only do this with their help. Convince them that the interview is simply a joint effort to prevent other accidents that could be more serious. A friendly and understanding manner is a necessity in gaining cooperation.
2. ***Conduct the interview at the scene of the accident whenever possible.*** It will help the employee to explain and you to understand. Make the interview as private as you can. This will not only put the employee more at ease, but will prevent these observations and ideas from being influenced by the opinions of others. It also avoids possible embarrassment over any mistakes.
3. ***Ask for their version of the accident.*** Be sure the employee understands you want their version just as they saw it and not "dressed up" for your benefit. Ask open ended questions. Don't interrupt to clarify. If you don't understand something, wait until the employee has finished their story, and then ask them.
4. ***Ask any necessary questions.*** The key word here is necessary. Limit your questions to facts as much as possible, particularly early in the interview. Find out what happened, what was done and how it was done. If you must ask why type questions, wait until you have all other information. Why questions are likely to make the employee defensive. Naturally, all questions should be asked in a friendly, constructive manner.
5. ***Repeat their story as you understand it.*** This will do two things. First, it will assure correct understanding by allowing the employee to be sure you understood what they meant, not just what they said. Second, it gives them a chance to hear what they said and allow the employee a chance to correct themselves.
6. ***Close the interview on a positive note - Prevention.*** The best way to wind up the interview is by discussing actions that can be taken to prevent the accident from happening again. This reaffirms the purpose of the interview in the employee's mind and will assure further cooperation.
7. ***These same techniques are used in interviewing a witness to an accident.*** Witnesses should be treated just as tactfully as a person involved in an accident. They "don't want to get any one in trouble" any more than a person wants to incriminate themselves. A witness does not have to be an eye-witness. They may simply be someone familiar with the circumstances involved in or to an accident. The interview should be held as soon as practical while the circumstances are fresh.

OPERATING FACTORS	MANAGEMENT CONTROLS	QUESTIONING GUIDE
P E O P L E	<b>Placement</b>  <b>Training</b>  <b>Enforcement</b>	<b>WHO WAS INVOLVED?</b> What qualifications are necessary to perform the task? Who is most qualified? Why was this employee selected if not the most qualified? What instructions or training were provided? What additional training is needed? What instructions or rules were not followed? What additional rules or enforcement action should be established?
E Q U I P M E N T	<b>Design and Arrangement</b>  <b>Purchasing</b>  <b>Maintenance</b>	<b>WHAT EQUIPMENT WAS INVOLVED?</b> Why was this equipment used? What equipment should be used? What guards were or were not used? What arrangement problems were present? What additional design and arrangement controls are necessary? How did the quality or hazards of the equipment contribute to the loss? What additional purchasing controls are necessary? What maintenance problems were evident? When should maintenance be performed? How can maintenance be improved? What Personal Protective Equipment is provided? When should the Personal Protective Equipment be used? What Personal Protective Equipment should be used?
M A T E R I A L	<b>Design and Arrangement</b>  <b>Purchasing</b>  <b>Maintenance</b>	<b>WHAT MATERIAL WAS INVOLVED?</b> What design characteristics contributed to the loss? How should the material be designed? How was the material arranged, handled and used? How should the material be arranged, handled and used? Where should the material be arranged? Why was this material being used? What material should be used?
E N V I R O N M E N T A L	<b>Design and Arrangement</b>  <b>Purchasing</b>  <b>Maintenance</b>	<b>WHAT ENVIRONMENTAL FACTORS (BUILDING, NOISE, VAPOR ILLUMINATION, ETC.) WERE INVOLVED?</b> Why was it designed and arranged this way? How should it be designed and arranged? What purchasing controls are necessary? When should housekeeping be performed? How should housekeeping be improved? What maintenance problems are evident? When should maintenance be performed? How should maintenance be improved?



# NONEMPLOYEE ACCIDENT INJURY REPORT

Minnesota Counties Intergovernmental Trust  
 100 Empire Dr., Suite 100, St. Paul MN 55103  
 Toll-free: 1.866.547.6516 Local: 651.209.6400

**SUBMIT REPORT**

Upload with Liability Incident Notice through the online MCIT member portal (MCIT.org)

<b>Member Name</b>			
<b>Claimant Name</b>		<b>Claimant Age</b>	
<b>Claimant Address</b>		<b>Marital Status</b>	
<b>Claimant E-mail</b>		<b>Claimant Primary Phone</b>	
<b>Claimant Occupation</b>		<b>Claimant Alternate Phone</b>	
STATEMENT			
<b>Date</b>		<b>Time (include a.m./p.m.)</b>	
<b>Address of Incident</b>			
<b>Location of Incident (choose one)</b>		<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors
		<input type="checkbox"/> Other:	
<b>How did the incident occur?</b>			
<b>How was the incident reported?</b>			
<b>What injuries resulted?</b>			
<b>What medical care is to be/was rendered?</b>			
<b>What is the name of the treating physician/hospital?</b>			
<b>Who was with the claimant at the time of the incident?</b>			
<b>What caused the incident (activities, equipment, person, conditions involved)?</b>			
<b>Employee receiving the above statement</b>			
<b>Date</b>		<b>Claimant's Signature</b>	
SUPERVISOR/EMPLOYEE STATEMENT			
<b>Employees who saw the incident</b>			
<b>Employee's description of the incident</b>			
<b>Condition of the area</b>			
<b>Comments (employees' opinions):</b>			
WITNESS INFORMATION			
<b>Name</b>	<b>Address</b>	<b>Phone</b>	<b>E-mail</b>