

CUI/PRVCY (WHEN COMPLETED)

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 contractors are required to complete this form, but it may also be used for anyone who doesn't have access to the SRN. Section 3 pertains to contracting personnel only. **Page 3** provides a list of first aid and medical treatment beyond first aid options for the purposes of OSHA part 1904. **Page 4** provides a list of the causal factors to be used in the course of the investigation.

Please email complete forms within 3 business days to: accident@sandia.gov

Section One: GENERAL INFORMATION - CONTRACTOR

Name (Last, First, MI)	ID number	Org.
Gender	Date of Birth	Address (Street, city, state, zip code)
Hire Date (MM/DD/YY)	Job Category (Administrative Assistant, Electrician, Scientist, Etc.)	Job experience [(yr(s)mo(s)]
Site Location (NM/CA/TTR/Travel)	Location of Incident (Bldg./Room)	Incident was: Inside <input type="checkbox"/> Outside <input type="checkbox"/>
Contractor statement		
Contractor Signature _____ Work Phone _____ Date _____		

Section Two: INVESTIGATION - MANAGER (Foreman, Inspector, etc.)

Is the scene in a safe and secure condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was PPE required to properly perform their task?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what PPE was required?	_____
Was PPE properly used?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did equipment design or defect contribute to accident cause or severity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Provide a detailed description of the activity in progress just before the incident occurred.	
Provide a sequential description of the events associated with the incident that led to the injury/illness.	
List equipment, materials, objects, or substances that directly harmed the contractor.	
What unsafe conditions contributed to this incident?	
What actions on the part of the contractor may have contributed to the incident?	
What conditions or actions influenced or contributed to the incident?	

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Injury/Illness Incident Factors (See page 4 for complete list).				
List interim/temporary control measures taken to mitigate the circumstances of the incident.				
Enter recommended action taken to prevent reoccurrence of accident/incident.				
Anticipated completion date for recommended action.				
Supervisor's Name		Org	Date	Phone
Section Three: CONTRACTOR INFORMATION (Pertains to Contracting Personnel Only)				
Contractor Company Name		Contract ID	Phone	
SNL Point of Contact (POC)		Org.	Phone	
Is injured person under the daily supervision of the contract company or Sandia? Contractor daily oversight <input type="checkbox"/> Sandia daily oversight <input type="checkbox"/>				
If OSHA recordable, was the injury/illness placed on your company's OSHA forms? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Do you track and submit work hours for this contractor? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Is the injured person a construction contractor? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, is the injured person a prime or sub-contractor? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Medical treatment Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, enter treatment visit below.				
Treatment Details				
Treatment date		Healthcare Provider (Name, facility, address)		
Body Part and Body Side: Center <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both <input type="checkbox"/>		Diagnosis: Contusion <input type="checkbox"/> Fracture <input type="checkbox"/> Laceration <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Sprain/Strain <input type="checkbox"/> Other <input type="checkbox"/> Please explain _____		
Treatment Provided. Refer to page 3 for what is considered "first aid" and "medical treatment beyond first aid" for the purposes of OSHA part 1904.				
First aid <input type="checkbox"/> Please explain _____				
Medical treatment beyond first aid <input type="checkbox"/> Please explain _____				
Other <input type="checkbox"/> Please explain _____				
Outside Referral Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain _____				
Treated in an emergency room? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Hospitalized? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, facility and # of hospital nights				
Was the contractor permanently transferred to a different job because of the injury/illness? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Was the contractor terminated? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Did the contractor die? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, enter date: _____				
Are there any lost workdays? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, what are the dates of the lost workdays				
Has contractor returned to work with no further anticipated lost workdays? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Are there any work restrictions? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, what are the restrictions				
What are the dates of the restriction(s)				
Has contractor returned to work with no further anticipated restricted workdays? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Do the restrictions affect contractor's routine job duties? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Note: Routine job duties are those work activities the contractor regularly performs at least once per week.				
Section four: INJURY AND ILLNESS REPORTING SAFETY REPORTING ADMINISTRATOR USE ONLY				
Date Received:	Case Number	Work Related Yes <input type="checkbox"/> No <input type="checkbox"/>	Recordable Yes <input type="checkbox"/> No <input type="checkbox"/>	CAIRS Report Sent Date
Safety Reporting Administrator	Org	Phone	Date	

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What is "first aid"? For the purposes of part 1904, "first aid" means the following:

- Using a non-prescription medication at nonprescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for recordkeeping purposes)
- Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment)
- Cleaning, flushing or soaking wounds on the surface of the skin
- Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™ (other wound closing devices such as sutures, staples, etc., are considered medical treatment)
- Using hot or cold therapy
- Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes)
- Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.)
- Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister
- Using eye patches
- Removing foreign bodies from the eye using only irrigation or a cotton swab
- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means
- Using finger guards
- Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes)
- Drinking fluids for relief of heat stress

Are any other procedures included in first aid? No, this is a complete list of all treatments considered first aid for part 1904 purposes.

What is the definition of medical treatment beyond first aid? "Medical treatment"

- Death
- Days away from work
- Restricted work or transfer to another job
- Loss of consciousness
- A significant injury or illness diagnosed by a physician or other licensed health care professional
 - Significant injuries, such as a punctured eardrum or a fractured toe or rib, for which neither medical treatment nor work restrictions may be recommended. In addition, there are some significant progressive diseases, such as byssinosis, silicosis, and some types of cancer, for which medical treatment or work restrictions may not be recommended at the time of diagnosis but are likely to be recommended as the disease progresses. OSHA believes that cancer, chronic irreversible diseases, fractured or cracked bones, and punctured eardrums are generally considered significant injuries and illnesses, and must be recorded at the initial diagnosis even if medical treatment or work restrictions are not recommended, or are postponed, in a particular case.
- Medical treatment beyond first
OSHA defines medical treatment as the management and care of a patient to combat disease or disorder, often requiring a health care professional. A rule of thumb is anything that does not fall under OSHA's definitions of first aid should be considered medical treatment. Examples of "medical treatment beyond first aid" can include the following:
 - Over the counter medications at prescription strength
 - Prescription medication
 - Medical restrictions
 - Physical treatment
 - Chiropractic treatments
 - Complex foreign body removal from eye
 - Devices with rigid stays
 - IV (e.g., for heat stress)
 - Oxygen for symptoms that result from exposure
 - Sutures, staples, medical glue (to close not cover), etc.

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Injury/Illness Incident 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 Contractor
Emp. Factors - Action of Contractor
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 Contractor
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