

UCI (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 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 <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain why?		
Was the task adequately planned?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, why not?		
Was the task adequately supervised?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, why not?		
Were hazards identified for the task being performed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, why not?		
Were controls specified for the person's task?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, why not?		
Was PPE required for the person to properly perform their task?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, what PPE was required?		
Was place of incident or exposure on Sandia's premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Was PPE properly used?		
Was employee sent home due to incident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	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?					

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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 <input type="checkbox"/>	No <input type="checkbox"/>
Did you use an investigation team to help you complete your investigation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please list the individuals below:		
Did you receive any information from witnesses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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

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**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