

YALE ROBBINS, INC.

102 Madison Avenue

New York, NY 10016

REAL ESTATE CONSULTING

PUBLICATIONS-RESEARCH

(212) 683-5700

EMPLOYEE HAZARD IDENTIFICATION FORM

Date:

Hazard Seen:

Location of Hazard:

For Safety Committee Use Only:

Action taken to correct hazard:

Target date of correction:

Date corrected:

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Employee Safety Suggestion

For Safety Committee Use

Year _____

Number _____

Employee's Name _____

Date _____

Supervisor's Name _____

CURRENT PRACTICE OR CONDITION

SUGGESTION

BENEFITS EXPECTED FROM CHANGE

ACTION (FOR COMMITTEE USE)

Department Committee

Date Acted On

Central Committee

Date Acted On

Date of Final Action Notice to Suggestor

Implementation Date

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Notice of Safety Infraction

We consider the safety of our employees to be very important. Therefore, to prevent accidents, it is our policy to enforce company safety rules strictly. Infractions of safety rules will result in at least the following:

- 1st Infraction: Written/verbal warning
- 2nd Infraction: Written warning
- 3rd Infraction: 3 to 5 days suspension
- 4th Infraction: Dismissal

_____ you have been observed behaving in the following unsafe manner, contrary to company rules:

This is your ____ 1st ____ 2nd ____ 3rd ____ 4th Infraction

Action Taken, therefore, is: _____

Supervisor : _____ Date _____

Employee: _____ Date _____

* The company reserves the right to terminate immediately and without any prior warning any employee it determines has acted unsafely,.

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Employee's report of Accident (Internal Record)

Employee's name _____ Age _____ Sex _____

Social Security Number _____

Job Position/title _____

Shift Hours _____ Day Off _____ Supervisor's Name _____

Date and time of incident _____ Location _____

Task being performed when accident occurred _____

To Whom? _____

Date and time accident reported to you _____

Name (s) of witnesses _____

Describe how the accident occurred _____

What part of the body was injured? _____

Describe the injuries in detail _____

Date, time you first sought medical attention _____

Name of doctor and/or hospital _____

Prior to the accident, did you report any incidents or near-misses? To Whom? _____

Could anything be done to prevent accidents of this type? If so, what _____

Supervisor: _____ Date _____

Employee: _____ Date _____

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Supervisor's Report of Accident

Employee's name _____

Social Security Number _____

Job Position/title _____

Supervisor's Name _____

Date and time of accident _____

Location _____

Task being performed when accident occurred _____

Date and time accident reported to you _____

Name (s) of witnesses _____

Accident resulted In: _____ Injury _____ Fatality _____ Property damage

First aid given? _____ Medical treatment required? _____ Workdays lost _____

Describe how the accident occurred _____

What actions, events or conditions contributed most directly to this accident? _____

Prior to this accident, were any incidents or near-misses reported? If so please describe the incidents and the dates they were reported. _____

Could anything be done to prevent accidents of this type? If so what? _____

Signature of Supervisor

Date

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Basic Rules for Accident Investigation

- The purpose of an investigation is to find the cause of an accident and to prevent future occurrences, not to fix the blame. An unbiased approach is necessary to obtain objective findings.
- Visit the accident scene as soon as possible – while facts are fresh and before witnesses forget important details
- Whenever possible, interview the injured worker at the scene of the accident and “walk” him through a re-enactment.
- All interviews should be conducted as privately as possible. Interview witnesses one at a time. Talk with anyone who has knowledge of the accident even if they did not actually witness it.
- Consider taking signed statements in cases where facts are unclear or where there is an element of controversy.
- Document details graphically. Use sketches, diagrams and photos as needed, and take measurements when appropriate.
- Focus on causes and hazards. Develop an analysis of what happened, how it happened and how it could have been prevented. Determine what caused the accident itself, not just the injury.
- Every investigation should include an action plan. How will you prevent such accidents in the future?
- If a third party or defective product contributed to the accident, save any evidence. It could be critical to the recovery of claims costs.

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Inspected By: _____

Date: _____

Safety Inspection Checklist

Item	Yes	No	Remarks
Are there cracked tiles, holes or other potential trip hazards that need repair?			
Have you reminded workers to clean spills immediately?			
Are work & storage areas clean & orderly?			
Are chemical containers properly labeled?			
Are there any open chemical containers that should be closed?			
Is there food or drink improperly stored?			
Is lighting adequate?			
Is First Aid Kit Properly stocked?			
Is equipment in good repair?			
Are all desks/ chairs in good condition?			
Are accident investigations completed within 24 hours?			
Was a follow up conducted on the accident investigations?			