



EMPLOYEE WAIVER OF MEDICAL ATTENTION

Accident Date: _____

Attach to First Report of Injury

The undersigned, _____, hereby waives any medical attention for the injury/incident, which occurred while at work on _____, as described in the attached first report of injury, while work for Katella Delicatessen-Restaurant-Bakery, Inc.

I understand that signing this waiver does not prevent me from seeking medical attention in the future, if required by this injury. I understand that I will obtain medical treatment from the healthcare provider assigned by my employer for the first sixty (60) days of treatment.

Employee Name

Employee Signature

Manager Name

Manager Signature



EMPLOYEE INCIDENT REPORT
(To be completed by the injured employee)

Employee Name: _____

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

What happened? (Please describe incident in your own words):

How were you injured: _____

What part(s) of your body was/were hurt? (Indicate Right or Left): _____

Have you ever injured this part of your body before? Yes _____ No _____

If yes, please describe and explain: _____

Who was present when the incident happened: _____

The above information is true and correct to the best of my knowledge

Employee Signature _____

Date _____

Incident Reports must be handed in to your supervisor or acting supervisor immediately after any incident. Failure to promptly report accidents may result in disciplinary action up to and including termination.

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SUPERVISOR'S INCIDENT REPORT

Name of Injured Employee: _____

Date of Incident: _____

Time of Incident: _____

Date Reported: _____

Time Reported: _____

Date of Investigation: _____

Time of Investigation: _____

Did the employee report the incident immediately? Yes ☐ No ☐

Did you or someone else witness the accident or injury? Yes ☐ No ☐

If someone else did, who? _____

Location of Incident: _____

Describe the specific body part injured (i.e. left upper arm, thumb on right hand, lower middle back):

Describe the symptoms associated with the body part that was injured: _____

Did the injured employee complain of pain? If so, where? _____

Has the employee ever had an injury to this body part in the past? Yes ☐ No ☐

If "Yes", when and who provided the treatment: _____

Any prior injuries? Yes ☐ No ☐ If "Yes", which body part? _____

Does the employee have any prior work related injuries? Yes ☐ No ☐

Did the injury occur before or after vacation, day-off, absences, leave, disciplinary action, or near beginning of shift? Yes ☐ No ☐ If "Yes", explain: _____

Does the employee have another job? Yes ☐ No ☐ If "Yes", explain where and what type of work is performed: _____

Has the employee engaged in any activity outside of work that might have contributed to the injury?

Was a reenactment of the injury performed? Yes ☐ No ☐ Date/Time: _____

Was the reenactment conducted at the site of injury? Yes ☐ No ☐



SUPERVISOR'S INCIDENT REPORT

Were photos of the incident location secured? Yes ☐ No ☐

Was there equipment involved? Yes ☐ No ☐ If "Yes", provide equipment numbers:

Forklift _____ Dolly: _____ Other: _____

Does the location have security cameras? Yes ☐ No ☐ If "Yes" was footage reviewed? Yes ☐ No ☐

Was the incident on tape? Yes ☐ No ☐ If "Yes" describe _____

Describe in detail how the injury occurred. Include a description of the events that led up to the injury, what occurred at the time of injury and what happened directly after the injury. Specify the body part injured and symptoms experienced during the injury occurrence.

Were safeguards used at the time of employee's injury? _____

Indicate [X] the condition(s) that led to the incident:

Unsafe Act- Personal Factors	Unsafe Conditions	Possible Causes
<input type="checkbox"/> Using defective equipment	<input type="checkbox"/> Inadequate guard or protection	<input type="checkbox"/> Lack or poor procedures
<input type="checkbox"/> Failure to use proper equipment or tools	<input type="checkbox"/> Defective tool or equipment	<input type="checkbox"/> Inadequate training
<input type="checkbox"/> Operating equipment at unsafe speed.	<input type="checkbox"/> Unsafe floors, ramps, stairways	<input type="checkbox"/> Inadequate enforcement of work rules
<input type="checkbox"/> Failure to use personal protective equipment	<input type="checkbox"/> Improper storage of material	<input type="checkbox"/> Poor maintenance program
<input type="checkbox"/> Improper lifting, lowering or carrying	<input type="checkbox"/> Damage or defective storage racks	<input type="checkbox"/> Inadequate job planning
<input type="checkbox"/> Taking short cut or unnecessary haste	<input type="checkbox"/> Exposure or chemical materials	<input type="checkbox"/> Inadequate supervision
<input type="checkbox"/> Failure to use 3-points of contact	<input type="checkbox"/> Wet, icy or slippery surface	<input type="checkbox"/> Unsafe design or construction
<input type="checkbox"/> Putting body parts in a pinch situation	<input type="checkbox"/> Poor housekeeping	<input type="checkbox"/> No preventative maintenance
<input type="checkbox"/> Failure to secure the load	<input type="checkbox"/> Poor lighting	<input type="checkbox"/> Other employee conducting unsafe act
<input type="checkbox"/> Pulling or pushing incorrectly	<input type="checkbox"/> Obstructed view	<input type="checkbox"/> Failure to follow rules or procedures
<input type="checkbox"/> Horseplay	<input type="checkbox"/> Electrical Hazard	<input type="checkbox"/> Employee conducting an unsafe act
<input type="checkbox"/> Influences of a controlling substance	<input type="checkbox"/> Blocked walkways or exits	<input type="checkbox"/> Other: _____
<input type="checkbox"/> None identified	<input type="checkbox"/> None identified	<input type="checkbox"/> None identified



SUPERVISOR'S INCIDENT REPORT

What changes could be made to eliminate or reduce the hazard(s) indentified above? _____

Current Status of the Employee:

☐ Modified ☐ Full Duty ☐ Off Work ☐ Other _____

Measures taken in preventing a similar type of injury: _____

Discipline Issued: Yes ☐ No ☐

Date employee attended last safety meeting: _____

Topic discussed: _____

Is any information on the employee's injury report questionable? Yes ☐ No ☐

If "Yes", explain: _____

Do you have any reason to question the legitimacy of the incident? Yes ☐ No ☐

If yes, please explain: _____

Report prepared by:

Supervisor Name and Title

Supervisor Signature and Date