KITSAP COUNTY
VOLUNTEER SUPERVISOR'S REPORT OF ACCIDENT

PLEASE PRINT. IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS-ALL RESPONSES WILL BE KEPT CONFIDENTIAL

VOLUNTEER'S LAST NAME FIRST NAME MIDDLE INITIAL	DEPARTMENT	SUPERVISOR		JOB TITLE
ADDRESS	PHONE NUNBER	HOW OFTEN DOES VVOLUNTTER PERFORM THIS JOB? ☐ DAILY ☐ WEEKLY ☐ MONTHLY ☐ OCCASIONALLY		
PREVIOUS INJURY HISTORY	AGE	SEX	SOCIAL SEC. NO	TODAY'S DATE
TYPE OF WORK PERFORMED		WITNESSES TO ACCIDENT/INJURY		
DATE OF INJURY	TIME OF INJURY	LOCATION		

DESCRIBE ACCIDENT INCLUDING MACHINE, OBJECT OR SUBSTANCE INVOLVED, GIVE DETAILS

TO BE COMPLETED BY SUPERVISOR

ACTIVITY
____ PUSHING/PULLING
____ LIFTING
____ BENDING
____ REACHING/EXTENDING
____ PINCH POINT
____ STRUCK BY
____ STRUCK AGAINST
____ SPLASH
____ REPETITIVE MOTION
____ CLIMBING
____ RESCUE/INTERVENTION
____ WALKING
____ RUNNING
____ DRIVING
____ OTHER
_____

PART OF BODY INJURED
☐ RIGHT ☐ LEFT
____ HEAD
____ EYE
____ NOSE
____ MOUTH
____ EAR
____ NECK
____ BACK
____ CHEST
____ SHOULDER
____ ARM
____ WRIST
____ HAND
____ THUMB
____ FINGER
____ HIP
____ GROIN
____ BUTTOCKS
____ LEG
____ KNEE
____ ANKLE
____ FOOT
____ TOE
____ UPPER BODY
____ LOWER BODY
____ INTERNAL

TYPE OF INJURY
____ CUT/ABRASION
____ SPRAIN/STRAIN
____ HERNIA
____ FRACTURE
____ AMPUTATION
____ BURN
____ IRRITATION
____ ASPHYXIATION
____ TENDINITIS
____ CONTUSION
____ POISONING
____ CUMULATIVE TRAUMA
____ OTHER
_____

UNSAFE CONDITION
____ DEFECTIVE TOOLS, EQUIP, OR SUBSTANCE
____ UNSAFE DESIGN OR CONSTRUCITON
____ HAZARDS OF OUTSIDE WORK ENVIRONMENT
____ HAZARDOUS ARRANGEMENT OR PROCEDURE
____ ENVIRONMENTAL HAZARDS
____ PUBLIC HAZARDS
____ UNSAFE CLOTHING
____ CLIMATIC - WINDBLOWN OBJECTS
____ OTHER _____

SEVERITY
____ MEDICAL TREATMENT REQUIRED
____ FIRST AID ONLY
____ NO TREATMENT

ENVIRONMENTAL FACTORS
____ CONGESTION
____ HOUSE KEEPING
____ STORAGE
____ WEATHER
____ UNEVEN GROUND
____ VENTILATION
____ OTHER _____

UNSAFE ACTS - PRIMARY CAUSE (MARK ONLY ONE)
____ OPERATING AT UNSAFE SPEED
____ IMPROPER PROCEDURES
____ IMPROPER TOOL USE
____ IMPROPER TOOL CONDITION
____ LACK OF EYE/FACE PROTECTION
____ LACK OF HEAD PROTECTION
____ LACK OF HAND/ARM PROTECTION
____ LACK OF HEARING PROTECTION
____ POSTURE/TECHNIQUE
____ MAKING SAFETY DEVICES INOPERATIVE
____ UNSAFE LOADING PLACEMENT
____ TAKING UNSAFE POSITION/LINE OF FIRE
____ DISTRACTING OR HORSEPLAY
____ DRIVING ERRORS
____ EYES NOT ON TASK
____ NO TRAINING
____ INADEQUATE TRAINING
____ NO BEHAVIORAL CAUSE
____ OTHER _____

UNSAFE ACTS -SECONDARY CAUSES
____ OPERATING AT UNSAFE SPEED
____ IMPROPER PROCEDURES
____ IMPROPER TOOL USE
____ IMPROPER TOOL CONDITION
____ LACK OF EYE/FACE PROTECTION
____ LACK OF HEAD PROTECTION
____ LACK OF HAND/ARM PROTECTION
____ LACK OF HEARING PROTECTION
____ POSTURE/TECHNIQUE
____ MAKING SAFETY DEVICES INOPERATIVE
____ UNSAFE LOADING PLACEMENT
____ TAKING UNSAFE POSITION/LINE OF FIRE
____ DISTRACTING OR HORSEPLAY
____ DRIVING ERRORS
____ EYES NOT ON TASK
____ NO TRAINING
____ INADEQUATE TRAINING
____ OTHER _____

ADEQUATE TRAINING? YES☐ NO☐

WAS THE ACTIVITY A NORMAL PART OF THE JOB? YES☐ NO☐

WAS UNSAFE ACT COMMITTED? YES ☐ NO☐

WERE CONDITIONS UNSAFE? YES☐ NO☐

PREVENTABLE? YES☐ NO☐

SUPERVISOR'S COMMENTS: _____

DID VOLUNTEER GO TO THE DOCTOR YES☐ NO☐

INJURED VOLUNTEER'S SIGNATURE	SUPERVISOR SIGNATURE	DEPARTMENT HEAD SIGNATURE

COMPLETE AND RETURN TO RISK MANAGEMENT, MS-13 **Form V-17**