

KINGDOM HALL CONSTRUCTION INCIDENT REPORT

For Lands With Limited Resources

INSTRUCTIONS: This report should be completed in the event of an incident that involved or *could have* involved personal injury, serious illness, or property damage. Keep in mind that the primary objective of this report is to improve safety, not to establish guilt. Please forward the completed report within one week of the incident to the Kingdom Hall Construction Desk and Branch Committee. An incident report involving personal injury or property damage is to be immediately forwarded electronically to the U.S. Treasurer's Office with copies to the Publishing Committee and Design/Build Department. The Kingdom Hall Construction Desk should retain a copy for review by the projects overseer during his next visit.

OFFICE USE

ONLY

Case Number: _____

Reportable?

Yes No

Branch: _____

Date of report: _____

Injured Person (or person involved)

Name: _____ Volunteer No.: _____

Home address: _____
(street) (city) (state or province) (postal code) (country)

Telephone No.: _____ Age: _____ Sex: _____ Occupation: _____

Presently employed: Yes No If yes, employer's name. If no, last employer's name: _____

Employer address: _____
(street) (city) (state or province) (postal code) (country)

Status: KHC servant KHC volunteer Congregation volunteer Other: _____

Length of time in assignment: _____ Construction group: _____

Incident Description (Please check at least one box in each applicable row.)

Date and time of incident: _____

Incident address: _____
(street) (city) (state or province) (postal code) (country)

Type of incident: Injury Illness Near miss Property damage

Type of activity: Work Non-work Recreational

Describe what happened. (Include names of all persons involved.)

If injury or illness, did it result in: lost work time? restricted activity?

What personal injury or property damage occurred? _____

How was the injury treated on the scene? _____

Did injury require hospitalization (or an outside doctor)? Yes No

Name of hospital or outside doctor that treated individual: _____

Business address: _____
(street) (city) (state or province) (postal code) (country)

What is the expected duration of the injury? _____

Will the injured person be able to return to his employment? Yes No

Does the injured person have hospitalization insurance? Yes No

Name of insurance company: _____

Business address: _____
(street) (city) (state or province) (postal code) (country)

Witness(es) to incident: (1) _____ (2) _____

Witness 1 address: _____
(street) (city) (state or province) (postal code) (country)

Witness 2 address: _____
(street) (city) (state or province) (postal code) (country)

Safety Investigation

Check all factors in the list below that contributed to the incident.

RULES/PROCEDURES

- Developed but lacked documentation
- Developed but not accurate
- Developed but not followed
- Developed but unable to follow
- None developed

TRAINING

- Circumstances not addressed in training
- Inaccurate or inaccessible manuals
- Inaccurate training
- Insufficient training

COMMUNICATION

- Condition changed without proper communication
- Confusion after communication
- Insufficient communication between crews
- Insufficient communication between workers
- Insufficient communication between workers and supervisor
- Insufficient planning

FACILITIES/EQUIPMENT

- Better engineering controls needed
- Corrosion/wear
- Faulty equipment
- Insufficient guarding
- Personal protective equipment (faulty or missing)

TOOL USED INCORRECTLY

- Tool used incorrectly
- Aware but insufficient correction
- Failed to correct unsafe conditions or acts
- Initiated unsafe conditions/acts
- Personally set wrong example

ERGONOMICS

- Awkward position
- Excessive force
- Highly repetitive movements
- Job rotation
- Not conditioned/work hardened
- Outside activities/hobbies
- Tool design
- Work station/machine design

HAZARD

- Created by external factors
- Created by man
- Documented but not repaired
- Identified but allowed
- Repaired but deficient repair
- Unidentified hazard

ATTITUDES/FEELINGS

- Absentminded or forgetful
- Angry
- Apathetic or indifferent
- Bored
- Careless or negligent
- Distracted

- False sense of impunity or invulnerability
- Impatient
- Impulsive
- No ownership (not my problem)
- Overly competitive (sports)
- Overconfident
- Playful
- Reckless

IN A HURRY

- Due to external factors
- Friendly competition (work)
- Lack of teamwork
- Taking shortcuts
- Supervisor implied need
- Worker(s) perceived need
- Workload too heavy

OTHER FACTORS

- Fatigue
- Improper clothing or jewelry
- Physical limitations (e.g., eyesight, weight, strength, age)
- Physical overexertion
- Weather, temperature, or environment
- Working long hours

- _____
- _____

Describe (1) primary cause and (2) any contributing factors.

What should be done to prevent recurrence? Should a new rule or procedure be established?

What action has been taken thus far to prevent recurrence?

SIGNATURES

KHC Group Safety Overseer

KHC Group Overseer

KHC Desk Overseer

Branch Committee Member