

Jay Peak Injury Report and Analysis Form



BOTH SIDES OF THE FORM MUST BE COMPLETED and emailed to injuryreport@jaypeakresort.com THE DAY THE INJURY IS REPORTED.

Name of Injured Employee:			Date/Time of Injury: _____:_____ <input type="radio"/> am <input type="radio"/> pm		
			Date/Time of Report: _____:_____ <input type="radio"/> am <input type="radio"/> pm		
Physical Address:			Mailing Address:		
City:	State:	Zip:	Phone:		
Employee's Department:			Emp's workday began at: _____ <input type="radio"/> am <input type="radio"/> pm		
Direct Supervisor <i>at time of incident</i> :			Is this their regular occupation? <input type="radio"/> Y <input type="radio"/> N		
Location of Incident:					
What was the employee doing prior to, or at the time of, injury?:			How did the incident occur/what happened to cause injury?:		
Object or substance directly causing injury:			Machine or Tool Involved:		Was it defective? <input type="radio"/> Y <input type="radio"/> N
Check the cause that best describes injury:			Check what best describes the injured part(s) of the body:		
<input type="radio"/> Sprain/Strain	<input type="radio"/> Skin Disorder	<input type="radio"/> Burn	<input type="radio"/> Head	<input type="radio"/> Back: <input type="checkbox"/> Lower <input type="checkbox"/> Upper	<input type="radio"/> Abdomen
<input type="radio"/> Cut/Laceration	<input type="radio"/> Puncture	<input type="radio"/> Abrasion	<input type="radio"/> Hips/Pelvis	<input type="radio"/> Face/Eyes/Ears/Mouth	<input type="radio"/> Chest
<input type="radio"/> Bruise/Contusion	<input type="radio"/> Dislocation	<input type="radio"/> Fracture	<input type="radio"/> Shoulders	<input type="radio"/> Leg: <input type="checkbox"/> Upper <input type="checkbox"/> Lower	<input type="radio"/> Knee
<input type="radio"/> Foreign Object or Body	<input type="radio"/> Other (explain):		<input type="radio"/> Arm	<input type="radio"/> Ankle	<input type="radio"/> Other (explain):
			<input type="radio"/> Hand/Finger(s)	<input type="radio"/> Foot/Toe(s)	
Check the cause that best describes the event that caused the injury:			Treatment Information		
<input type="radio"/> Slip/Trip/Fall	<input type="radio"/> Struck By	<input type="radio"/> Exposure to Heat	<input type="radio"/> Employee refused treatment.		
<input type="radio"/> Slip/Trip - NO Fall	<input type="radio"/> Struck Against	<input type="radio"/> Exposure to Cold	Injured worker was treated by or sent to:		
<input type="radio"/> Fall Ski/Ride	<input type="radio"/> Struck by Ski/Ride	<input type="radio"/> Exposure to Chem	<input type="radio"/> Ski Patrol	<input type="radio"/> Security	
<input type="radio"/> Fall from Equip	<input type="radio"/> Rubbed/Abraded	<input type="radio"/> Caught In/Between	Who accompanied the employee?		
<input type="radio"/> Other (explain):	<input type="radio"/> Repetitive Motion		_____		
	<input type="radio"/> Overexertion		_____		
	Pre-existing condition? <input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Medical Facility: By Ambulance?: <input type="radio"/> Y <input type="radio"/> N		
	Explain:		Facility: _____		
			Date of Treatment: _____		
Could the injury have been prevented by the: Employee? <input type="radio"/> Y <input type="radio"/> N Employer? <input type="radio"/> Y <input type="radio"/> N					
Please explain or describe:					
Was the employee given a copy of the Worker's Compensation Guide?: <input type="radio"/> Y <input type="radio"/> N					
Were there any witnesses to the incident? <input type="radio"/> Y <input type="radio"/> N					
If yes, please list their first and last name(s):					
Employee Name (Print)			SIGNATURE		Date
Supervisor Name (Print)			SIGNATURE		Date

Jay Peak Injury Report and Analysis Form

WORK INJURY ANALYSIS, COACHING & ACTION PLANS (to be completed by supervisor/manager)

EMPLOYEE NAME: _____ DATE OF INCIDENT: _____

Employee last attended safety meeting on: _____ and topic presented was _____

WORK INJURY ANALYSIS – Attach additional sheets if necessary to outline the circumstances and actions.

1. Identify the “root cause” of the incident by deciding if an unsafe act, an unsafe condition, or a combination of both helped to create circumstances that contributed to this incident.
2. Based on your completed analysis, provide any additional comments necessary to clarify incident details:

UNSAFE ACT: _____

UNSAFE CONDITION: _____

What circumstances allowed the unsafe acts/conditions to exist?

3. Select the descriptions listed below which best describe the actions necessary to prevent a similar incident from occurring again:

☐ Requires change in procedure or process

(Questions to ask: Do current standard operating procedures address this situation? Are these SOPs up to date?)

☐ Requires ergonomic fit or evaluation

(Questions to ask: Does work space, physical routine and/or equipment need to be evaluated or changed?)

☐ Requires more advanced skills or condition

(Questions to ask: Do technical skills or physical conditioning require improvement?)

☐ Requires housekeeping

(Questions to ask: Does the incident location require cleaning, organization or reorganization?)

☐ Requires maintenance

(Questions to ask: Do systems, tools or equipment require changes to inspection or maintenance protocol?)

☐ Requires training or retraining

(Questions to ask: Is new, different or additional training required?)

☐ Other action not listed above – PLEASE BE SPECIFIC!

COACHING & ACTION PLANS

1. Explain any immediate action that **supervisor/manager** will be responsible for to prevent a similar incident from recurring:

2. Explain any immediate action that **employee** will be responsible for to prevent a similar incident from recurring:

3. Do unsafe actions and/or unsafe conditions related to this incident make it necessary for **supervisor/manager** to create a long-range action plan to prevent a future injury? ☐ YES ☐ NO

If yes, provide a general description of the plan:

What is target implementation date of long-range plan?: _____

4. Explain how **supervisor/manager** will measure effectiveness of:

Immediate action plan

Long-range action plan

Signature – Supervisor/Manager Completing This Form

Date Completed