FRM-133 Member Incident Report

AmeriCorps member completes the first page of this form to report all service-related accidents/injuries to WSC/WRC and sponsoring organization. The second page must be completed to include input from the supervisor and/or safety representative from the sponsoring organization. Completed report must be forwarded to your WSC/WRC program coordinator within 5 days of the accident/injury. Should a member be unable to complete the form, the site supervisor will be responsible for completing the form to the best of their ability.

For further guidance, refer to POL-133.

THIS FORM DOES NOT REPLACE AN L&I CLAIM FORM.

Member to complete this section:

AmeriCorps Member Name: Email:	Phone:
Sponsoring Organization / /Service Site Location: Supervisor Name: Email:	Phone:
Date of accident/injury:	Time of accident/injury:
Names of witnesses (if any):	
What exactly happened? What were you doing at the time? What led up to the accident/injury?	
Where, exactly, did it happen?	
Was any first aid administered? If yes, what?	
Did you see a doctor/clinic/emergency room about this injury? ☐ Yes ☐ No	
If yes, whom did you see?	Doctor/Clinic phone number:
Date of visit:	Time:
Did you file a Labor and Industries Claim? ☐ Yes ☐ No	
Will this accident/injury result in loss of service hours? ☐ Yes ☐ No	

Supervisor or designee to complete this section:

Why did this accident/injury occur?

Unsafe conditions: (Check all that apply)	Unsafe acts by people: (Check all that apply)
☐ Inadequate guard ☐ Unguarded hazard ☐ Safety device is defective ☐ Tool or equipment defective ☐ Workstation layout is hazardous ☐ Unsafe lighting ☐ Unsafe ventilation ☐ Lack of needed personal protective equipment ☐ Lack of appropriate equipment / tools ☐ Unsafe clothing ☐ No training or insufficient training ☐ Other: _____	☐ Operating without permission ☐ Operating at unsafe speed ☐ Servicing equipment that has power to it ☐ Making a safety device inoperative ☐ Using defective equipment ☐ Using equipment in an unapproved way ☐ Unsafe lifting by hand ☐ Taking an unsafe position or posture ☐ Distraction, teasing, horseplay ☐ Failure to wear personal protective equipment ☐ Failure to use the available equipment / tools ☐ Other: _____

Why did the unsafe condition(s) exist?

Were the unsafe acts or conditions reported prior to the incident? ☐ Yes ☐ No

Have there been similar accidents/injuries or closely-related incidents prior to this one? ☐ Yes ☐ No

What could have been done to prevent this accident/injury?

What changes will be made to prevent this accident/injury from occurring again?

☐ Stop this activity ☐ Guard the hazard ☐ Training ☐ Train the supervisor(s)

☐ Redesign task steps ☐ Redesign station ☐ Write a new policy/rule ☐ Enforce existing policy

☐ Routinely inspect for the hazard ☐ Personal Protective Equipment

☐ Other: _____

What will be (or has been) done to carry out the corrective action(s) checked above?

Who will correct and ensure this action is taken? Name and position:	Estimated Completion Date:

Other Comments:

FOR WSC/WRC USE ONLY

Program Coordinator Name:

Date of consult with sponsoring/site supervisor (mo/day/year):

Attach additional information, if applicable. Document consult with sponsoring organization supervisor.