

Instructions for Completing the Supervisor's Property and Motor Vehicle Damage Report Form

The following provides guidance for completing the Occupational Injury or Illness Investigation Summary form. This form is intended to provide a means of collecting data for Injury and Illness case types only, a separate form and instructions are used for Property and Vehicle Damage Investigations.

Case No.: The Case Number block that appears at the upper right will be filled in by OSHA Recordkeeping personnel. Leave this space blank.

Personal Information

Last Name: Record the Last Name of the person involved as it appears in company records.

First Name: Record the full First Name of the person involved as it appears in company records. DO NOT use nicknames.

Middle Initial: Record the Middle Initial of the person involved.

Social Security #: Record Social Security Number of the person involved.

Gender: Check the box that corresponds to the gender of the person involved.

Birth Date: Record the birth date of the person involved.

Home Address Information

Mailing Address: Record the home Street Address or P. O. Box Number of the person involved. Include the city, state and zip code.

Phone #: Record the home phone number of the person involved, including the area code.

Employment Information

Occupation: Record the Job Title of the person involved as shown in company records.

Department: Record the Department to which the person involved is normally assigned.

Employer's Name: Record the Employer of the person Involved.

Address: ONLY if other than Battelle, record the Employer's Street Address or P. O. Box Number. Include the city state and zip code

Assigned Site: Record the location where the individual involved is permanently assigned such as Richland, Sequim, Portland, etc..

Length of Employment: Check the box that best describes the length of time the person involved had been working for the identified employer when the event occurred.

Experience performing this task: Check the box that best describes the amount of experience the person involved had with the work they were performing when the event occurred.

Type of Hours Worked: (When Event Occurred): Check the box that describes how the employee's time was being charged at the time of the event. For exempt salaried personnel, "Regular Shift" pertains to the first 8 hours worked each weekday.

PNL Supervisor During Event: Record the Name of the person who was Supervising the activities of the person involved when this event occurred.

Org. Code: Record the five character Organization Code of the person involved.

Event Information

Event Type: Check the Event Type. Choices include:

Motor Vehicle
Property Damage (including Fire)

Occurred on employer's premises: Check this box if the event occurred on premises owned, rented, leased or normally occupied by the employer of the person involved.

Operator of equipment or vehicle: Check this box if the person listed was the operator of the vehicle or equipment involved.

Seatbelts Were Available: Check this box if the event was a vehicle accident and seat belts were available for use.

Seatbelts Were In Use: If reporting a motor vehicle accident, check this box if seat belts were available and in use by all vehicle occupants.

Vehicle accident also involved an injury: Check this box if this was a vehicle accident and personnel were injured.

Damage resulted from a fire: Check this box if you are reporting property damage that resulted from a fire.

Vehicle Accident Checklist

Completion of the checklist is not mandatory. It is provided as a reference to assist you in preparing for and completing your vehicle accident investigation

When Did The Event Occur

Event Occurred on: Record the date the event occurred.

Time: Record the time that the event occurred (HH:MM) and check AM or PM.

First Reported: Record the date on which the event was first reported. The event may have been reported to: a member of management, the Occupational Safety and Health Department or 375-2400, etc..

Time: Record the time that the event was first reported (HH:MM) and check AM or PM.

Supervisor Notified: Record the date on which the event was first reported to the supervisor of the person involved.

Where Did Event Occur

Event Occurred Indoors: Check this box if the event occurred Indoors.

Building: If applicable, record the name of the building in which the event occurred.

Building Operating Status: Record the Status of the Facility when the event occurred. Select the Facility Status from the list provided below. Select "Not Applicable" if the event did not occur in a facility.

Decommissioned	Shut down for Repair
Emergency Operation	Under Construction
Facility Startup	Under Demolition
Not Applicable	Under Renovation
Operating Normally	

Describe Location: Record the Area and Room number, or for non-Battelle buildings and outdoor locations, include the street address, city, state, zip code or other description. For example, a motor vehicle accident location may be described as " Southbound on Hwy. 395 near mile post 151."

Event Description and Witnesses

Activity in Progress When Event Occurred: Record the activity the person was involved in when the event occurred. Select the activity from the list provided below:

Animal Care/Handling	Office Tasks
Building or Equip. Maint. or Repair	Other Non/Task
Construction	Physical Fitness Training
Decommissioning	Pre Start-up or Calibration
Decontamination	Production or Operation
Emergency Response	Recreation or Break
Equipment Installation	Research or Testing
Food Service	Security
Grounds Maintenance	Training or Education
In Transit	Transportation
Inspection or Monitoring	Travel
Janitorial or Housekeeping	Typing/Data Entry
Material Handling	Unknown or Undetermined
Mining or Drilling	Vehicle Maintenance or Repair

Describe What Happened: Provide a description of the events leading up to and including the accident. Such a description will usually require information such as: What was the sequence of events? How was the staff member doing the job? What happened that caused the accident? What were the unusual circumstances preceding the accident?

Witnesses to the Event

Name: Record the Full Names of any Witnesses to the event.

Phone: Record a phone number where the witness can be reached if further information is required. Be sure to include the area code.

Property or Vehicle Damage Information

Equipment design defect contributed to the accident cause/severity: Check this box if a design defect in a piece of equipment caused and/or contributed to the severity of this accident.

Name of Damaged Item: Record the manufacturer and model name or number of the damaged item.

Property or Vehicle ID#: Record the serial number and, where applicable, the property number for the damaged item.

Type of Vehicle: Choose and record a vehicle type from the list provided below:

Boat	Other
Bus	Pickup
Car	Truck (1 Ton & Over)
Motorcycle	Van

Vehicle Owner: Choose and Record a Vehicle Owner from the list provided below:

- BNW
- DOE
- Other
- Private
- Rental

Other Property or Vehicle Involved: Provide a list of other property or vehicles that were damaged as a result of this event.

Describe the Extent of Property or Vehicle Damage: Record a description of the physical damage to the property or vehicle that resulted from this event.

Causes of the Event and Actions Taken

What caused the accident?: From the list provided, select the choice that best describes the action or condition that directly caused this accident.

Equipment	Defective or Failed Part Defective or Failed Material Defective Weld, Braze or Soldered Joint Error by Manufacturer in Shipping or Marking Electrical or Instrument Noise Contamination
Procedure	Defective or Inadequate Procedure Lack of Procedure
Personnel	Inadequate Work Environment Inattention to Detail Violation of Requirement or Procedure Verbal Communication Problem Other Human Error
Design	Inadequate Man-Machine Interface Inadequate or Defective Design Error in Material or Equipment Selection Drawing, Specification, or Data Errors
Training	No Training Provided Insufficient Practice or Hands-On Experience Inadequate Training Content Insufficient Refresher Training Inadequate Presentation or Materials Inadequate Administrative Control
Management	Work Organization/Planning Deficiency Inadequate Supervision Improper Resource Allocation Policy Not Adequately Defined, Disseminated, or Enforced Other Management Problem
External Phenomena	Weather or Ambient Condition Power Failure or Transient External Fire or Explosion Theft, Tampering, Sabotage, Vandalism
Other	Not Work-Related Unknown or Could Not be Determined Other Unlisted Cause

Explanation: Record the reason why you selected this Cause.

Corrective Actions Taken: Record any actions you have initiated or taken to prevent similar accidents from happening again.

Investigator

Investigator's Name: Record (print) the name of the investigator.

Title: Record the investigator's official job title.

Signature: Provide the investigator's signature.

Date: Record the date on which the form was signed.