

	Document # WSS-024
Document – Close Call, Hazard, & Accident Reporting Procedures	Rev 07/20

In the event of a workplace hazard, close call, on the job injury or illness, the following is a list of procedures to follow assuring the proper steps are completed. Note: In cases of severe injury or medical emergency medical assistance is paramount, call 911, or seek medical assistance immediately.

1. Complete a Close Call, Hazard or Accident Report for all close calls, identified hazards, injuries or illnesses. For incidents not requiring medical attention complete steps 1 and 2. For all incidents requiring medical attention, you will need to complete all steps.
2. Report the incident to your supervisor immediately.
3. Notify the office, and management of the incident prior to the end of your shift.
4. The following is an example list of facilities and numbers that can be used when the injury requires medical attention. These are provided for informational purposes only, the law allows employees to go to a facility of their choice.

Facility name	Phone
Old Mill District Clinic	(541) 382-2811
Immediate Care	(541) 388-7799
Summit Medical Group	(541) 382-2811
St. Charles Family Care (South)	(541) 706-5935
St. Charles Medical Center	(541) 382-4321

5. Notify the medical facility that this is a work related injury or illness.
6. Request a work release to inform your employer of your return to work status. (Essential).
7. Contact your supervisor to update them on your injury status, and your return to work status.
8. Complete an incident report, and other required forms.
9. Assist management in a workplace injury or illness investigation.
10. For assistance or information regarding these procedures contact your supervisor.

Note: copies of forms can be obtained in the Workplace Safety Program Policies and Procedures folder.

	Document # WSS-037
Document – Close Call, Hazard or Accident Report	

Complete this report in the event of any of the following:

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| <ol style="list-style-type: none"> 1. An on the job injury 2. A motor vehicle accident 3. Work related hazard | <ol style="list-style-type: none"> 4. Close call / near miss accident 5. Non-work related incident |
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Employee Name: _____ **Date** ___/___/___

Type of Event:

(Example: hazard, close call, injured finger, motor vehicle accident)

Detailed Description of Event:

(Example: time, shift, speed, job task, location, type of incident)

Detailed Cause of Event:

(Example: Equipment failure, not using required personal protective equipment, weather, other persons, etc.)

Witnesses _____

Employee Signature