

COOPERATIVE:

**TOTAL # OF EMPLOYEES:** 

## MONTHLY INCIDENT REPORT 2011

MONTH:

(includes full and part time, inside and outside personnel)

TOTAL # OF HOURS WORKED:  TOTAL # OF MILES DRIVEN:  TOTAL # OF LICENSED VEHICLES:			(includes regular and overtime hours)(all company vehicles)(co-op owned or leased vehicles only)				
**DATE OF INJURY	NATURE OF INJURY	CAUSE OF ACCIDENT	***LOST TIME CASE (yes/no)	# OF LOST TIME DAYS	****DART CASE (yes/no)	# OF DART DAYS	FATALITY (yes/no)
*OSHA Recordable	<b>e</b> is a work related	injury or illness tl	hat results in dea	ith, medical treatr	nent beyond firs	t aid, loss of cons	sciousness,
days away, days re	estricted or days tr	ansferred to mod	lified duty.				
**Date of injury is	the date the injur	y occurred. In the	e case of cumulat	ive trauma, the da	ate of profession	al diagnosis.	
***A lost time cas	se is noted when a	n employee misse	es work due to a v	work related injur	y/illness. Count t	the days away fro	om work to
determine lost tim	ne days. Do not cou	unt the day of the	injury or illness.				
**** <b>DART</b> is day a	way, restricted or	transferred. This	is when an emplo	oyer or medical pr	ovider keeps an	injured worker f	rom
performing their r	routine job functio	ons or schedule di	ue to a work rela	ted injury or illnes	SS.		
OSHA RECORDABLES from previous months				NATURE/CAUSE CODES			
	р.	evious infolitins	•		TOTAL OTTE, CA	OSE CODES	
ORIGINAL DATE OF INJURY	# OF LOST TIME DAYS		STRICTED OR	NATURE OF I			CCIDENT CODE
ORIGINAL DATE	# OF LOST TIME	# OF DAYS RE	STRICTED OR	NATURE OF I  A. Abrasion and/	NJURY CODE		CCIDENT CODE
ORIGINAL DATE	# OF LOST TIME	# OF DAYS RE	STRICTED OR		NJURY CODE	CAUSE OF AC	
ORIGINAL DATE	# OF LOST TIME	# OF DAYS RE	STRICTED OR	A. Abrasion and/	NJURY CODE	CAUSE OF AC	
ORIGINAL DATE	# OF LOST TIME	# OF DAYS RE	STRICTED OR	A. Abrasion and/ B Burn	NJURY CODE	A. Arc flash B. Material hand	dling
ORIGINAL DATE	# OF LOST TIME	# OF DAYS RE	STRICTED OR	A. Abrasion and/ B Burn C. Crush	NJURY CODE	CAUSE OF AC A. Arc flash B. Material hand C. Slip/trip	dling uipment/object
ORIGINAL DATE OF INJURY	# OF LOST TIME	# OF DAYS RE TRANSFERF	ESTRICTED OR RED (DART)	A. Abrasion and/ B Burn C. Crush D. Strain/sprain	NJURY CODE	A. Arc flash B. Material hand C. Slip/trip D. Struck by equ	dling uipment/object
ORIGINAL DATE OF INJURY  This section report	# OF LOST TIME DAYS	# OF DAYS RE TRANSFERF	ESTRICTED OR RED (DART)	A. Abrasion and/ B Burn C. Crush D. Strain/sprain E. Eye injury	NJURY CODE	CAUSE OF AC  A. Arc flash B. Material hand C. Slip/trip D. Struck by equ E. Electrical con	dling uipment/object tact
ORIGINAL DATE OF INJURY  This section report previous month ar	# OF LOST TIME DAYS	# OF DAYS RE TRANSFERE  n employee is inju	estricted or red (DART)	A. Abrasion and/ B Burn C. Crush D. Strain/sprain E. Eye injury F. Fatality	NJURY CODE or cut	A. Arc flash B. Material hand C. Slip/trip D. Struck by equ E. Electrical con F. Fall	dling uipment/object tact re
ORIGINAL DATE OF INJURY  This section report previous month ar month. Document	# OF LOST TIME DAYS  ts the days when a and is still away, res	# OF DAYS RE TRANSFERE  n employee is injutricted or transferent the original inju	estricted or RED (DART)  ured in a rred this ury date	A. Abrasion and/ B Burn C. Crush D. Strain/sprain E. Eye injury F. Fatality G. Back injury	NJURY CODE or cut	A. Arc flash B. Material hand C. Slip/trip D. Struck by equ E. Electrical con F. Fall G. Toxic Exposu	dling uipment/object tact re
ORIGINAL DATE OF INJURY  This section report previous month ar month. Document	# OF LOST TIME DAYS  ts the days when a and is still away, reserved the total days from	# OF DAYS RE TRANSFERE  n employee is injutricted or transferent the original inju	estricted or RED (DART)  ured in a rred this ury date	A. Abrasion and/ B Burn C. Crush D. Strain/sprain E. Eye injury F. Fatality G. Back injury H. Broken bones	NJURY CODE or cut	A. Arc flash B. Material hand C. Slip/trip D. Struck by equ E. Electrical con F. Fall G. Toxic Exposu H. Tool (hand or	dling uipment/object tact re
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