

SAFETY COORDINATOR'S REVIEW

INSTRUCTIONS FOR SAFETY COORDINATORS:

1. Within 48 hours of the accident, complete this Safety Coordinator's Review(OSLPSAFE-1) after reviewing the Employee's Work Injury and Illness report, (OSLP-1Emp) and the Supervisor's Accident Analysis and Prevention Report (UWSA/OSLP-2).
2. Return it to your Worker's Compensation Coordinator.

Employee Name: _____		Date of Accident: _____		
Please check one		Injury / Illness <input type="checkbox"/>	Incident <input type="checkbox"/>	Near Miss <input type="checkbox"/>
Was your analysis / review of this accident based on (please check all that apply)				
investigation / interviews at the scene of the accident, <input type="checkbox"/>				
Phone conversation(s) with, Employee's supervisor, <input type="checkbox"/> Injured employee, <input type="checkbox"/> Witness(es), <input type="checkbox"/>				
Paper review of submitted accident reports, <input type="checkbox"/>				
Other: Please explain. <input type="checkbox"/>				
From your analysis / review, should any additional corrective action(s) be taken to prevent a similar accident? Yes No				
Please explain, <input type="checkbox"/> <input type="checkbox"/>				
Did the accident or injury result from repetitive motion or material handling? If so , can the job be modified to eliminate these exposures? If yes or no, please explain.				
Safety Coordinator's Signature		Date		
Title		Phone # ()		