

C) FIRST AID PROVISION & MEDICAL ATTENTION FOR INJURY AT WORKPLACE

DID YOU CONTACT FIRST AIDER IN YOUR WORKPLACE	YES NO
NAME OF FIRST AIDER IN YOUR WORKPLACE	
DID YOU TAKE INJURED WORKER TO USP HEALTH & WELLNESS CENTER FOR TREATMENT	YES NO
DID YOU FILL SUPERVISORS SECTION OF INJURY/HAZARD/INCIDENT REPORT FORM	YES NO

D) REPORTING TO USP - OHS / HR AND RISK INSURANCE UNIT & DEPARTMENT OHS COMMITTEE

DO YOU HAVE REGULAR SAFETY TALKS WITH YOUR WORKERS	YES NO
WHEN WAS THE LAST SAFETY TALK YOU HAD	
DID THIS WORKER ATTEND A SAFETY INDUCTION TRAINING	YES NO
WHAT TYPE OF WORK PERFORMED BY THE WORKER WHEN SHE/HE BECAME INJURED	ROUTINE NON ROUTINE HAZARDOUS

E) INJURY SITE INSPECTION

DID YOU INSPECT THE AREA / MACHINE WHERE THE INJURY OCCURRED	YES NO
WRITE YOUR FINDINGS OF THIS AREA OR MACHINE	

F) CAUSE OF INJURY

IN YOUR OPINION THE INJURY WAS CAUSED BY WHICH OF THE FOLLOWING, CIRCLE A) UNSAFE WORKPLACE B) UNSAFE WORK PRACTICE C) BOTH D) NEGLIGENCE BY WORKER
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SIGNATURE _____ **DATE** _____