



S&W READY MIX CONCRETE INCIDENT INVESTIGATION REPORT

Revised: 10/26/2011

| | | | | | | | | | |
|---------------|-------------------|------------------------------------|------------|-----------------|-----------------------------------|------------------|------------------------|----------------|------------|
| EMPLOYEE INFO | Employee name | | Sammy Dodd | | Assigned work location (Ex. P-12) | | P05 | | |
| | Employee No. | | 1943 | | Time of incident (Ex 1:15am) | | 10:20am | | |
| | Occupation group: | | | Driver | | Date of incident | 10/26/2011 | Day of Week | Wednesday |
| | Race | white | | Sex (M/F) | M | DOB | 8/10/1980 | DOH | 10/31/2005 |
| | Home Address | 855 Washington Post Rd. Lot 308 | | City, State Zip | New Bern, NC 28562 | | Home Phone (no dashes) | (252) 229-7163 | |
| | Work Address | 1313 HWY 17 N | | City, State Zip | BRIDGETON, NC 28560 | | Work Phone | (252) 633-2115 | |
| | Drivers Lic # | | | State of Issue | | | SSN (no dashes) | 232-19-1943 | |

| | | | | | | | | | |
|---|---|--|------------------|--|-------------------------------|--|-------|-----|--|
| GENERAL | What type of incident occurred? | | Injury / Illness | | Where did the incident occur? | | Plant | | |
| | Was the employee working for assigned work location? | | | | | | | YES | |
| | If no, which location? | | | | | | | | |
| | Was the employee using required PPE? | | | | | | | | |
| | If yes, select all that apply: <input type="checkbox"/> Seat belt <input type="checkbox"/> Hard hat <input type="checkbox"/> Eye protection <input type="checkbox"/> Hearing protection <input type="checkbox"/> Respirator <input type="checkbox"/> Gloves | | | | | | | | |
| Was disciplinary or corrective action taken against the employee? | | | | | | | NO | | |
| If yes, what disciplinary or corrective action was taken? | | | | | | | | | |
| Were there any witnesses? | | | NO | | UNKNOWN AT THIS TIME | | | | |
| If yes, list their names & addresses | | | | | | | | | |

| | | | | | | | | | | |
|---|---|--|------------------|----|--------------------|---|------|--------------|-------|------|
| INJURY | Complete this section only if the incident resulted in an injury or illness. If it did not, proceed to next section | | | | | | | | | |
| | Type of injury or illness | | Scratch/Abrasion | | Body part affected | | knee | | Side? | left |
| | Did the employee see a doctor? | | | NO | | Did/will the injury/illness require time off from work? | | | NO | |
| | If medical treatment was necessary, where was the employee referred? | | | | | | | Not referred | | |
| Do you question the validity of this injury/illness and would like our insurance carrier to investigate it? | | | | | | | NO | | | |

| | | | | | | | | | | | | | | | |
|-------------------------------|--|------|-------------------|--------------|------|--|-------------|------|--|-------------|------|--|-------------|------|--|
| VEHICLE / PROPERTY DAMAGE | Complete this section if the incident resulted in vehicle/property damage. If not, skip this section | | | | | | | | | | | | | | |
| | Loc. Assign. | P05 | | Vehicle No. | N/A | | Lic Plate # | #N/A | | Trailer No. | N/A | | Lic Plate # | #N/A | |
| | YEAR: | #N/A | | MAKE: | #N/A | | MODEL: | #N/A | | VIN: | #N/A | | | | |
| | Other Party's Property Info | | | | | | | | | | | | | | |
| | Owner's name | | | Address | | | | | | Phone # | | | | | |
| | Was vehicle/property insured? | | | Company | | | | | | Policy # | | | | | |
| | Was another person driving or in possession of the property when the incident occurred? | | | | | | | | | | | | | | |
| | Name | | | Address | | | | | | Phone # | | | | | |
| | List all damages | | | | | | | | | | | | | | |
| | Were there any injuries? | | | If yes, who? | | | | | | | | | | | |
| Were the police contacted? | | | Police Department | | | | | | | | | | | | |
| Officer's Name & Badge Number | | | | | | | | | | | | | | | |



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|--------------------|--|
| DESCRIPTION | Describe in full detail how the incident occurred (use a separate page for more info if necessary) |
| | <u>While climbing into mixer w/ 4 points of contact, misstepped and fell. Caught self w/ right hand on steering wheel to prevent falling to ground. Area behind left leg cramped slightly and scratched from truck steps. Right elbow cramped as well.</u> |

| | |
|--------------------------------|---|
| ANALYSIS AND PREVENTION | What were the conditions of the incident location at the time the incident occurred? (Ex: dry, sunny, icy, muddy, foggy, etc) |
| | <u>sunny, clear</u> |
| | How could this incident been avoided? |
| | <u>Employee in a hurry and misstepped; however, it could have been much worse had he not had at least 4 points of contact.</u> |
| | What action has or will be taken to prevent a recurrence of this type of incident? |
| | <u>Be sure to watch where stepping and don't be in a rush</u> |

Was the Safety Department notified? **YES** If no, why not?

Manager or Supervisor: **Daniel Bordeaux** **10/26/2011**

Print Name Signature Date

| ***FOR SAFETY DEPARTMENT USE*** | | | |
|-----------------------------------|--------------|--|--|
| INJURY INCIDENT | | VEHICLE INCIDENT | |
| Is this incident OSHA recordable? | NO | Is this vehicle/property damage incident DOT recordable? | |
| What type of case is this? | No treatment | What type of case is this? | |
| Date lost time began | | | |
| Date of return to work | | | |
| # of Days Away | 0 | | |

List root cause if determined: **Employee rushing and not paying attention to steps while entering vehicle**

Jamie Williams **10/26/2011**

Print Name Signature Date