

RISK INCIDENT REPORT

(Please read *Risk Incident Report Instructions* [TO-5i] carefully before completing the report. If the incident is catastrophic or you receive a threat of legal action, you should instead call the Legal Department immediately.)

REPORT TYPE

Select one: Property loss or damage Injury Injury and property loss or damage
 Illness Financial loss Near miss only

BASIC INFORMATION

Title: _____
(Short description of incident)

Incident date: _____ Incident time (If known): _____
(M/d/yyyy)

If the incident involved a near miss, select the potential event type (Select one):

Driving or vehicle Equipment and machinery High hazard activity—Other
 Electrical Fire safety Medical condition or illness
 Environmental or occupational High hazard activity—Heights Security or personal safety

If the incident involved a near miss, select the potential severity of the incident:

Injury: Minor Serious Fatality Multiple fatalities
Property loss or damage: Minor Serious Large Catastrophic

INCIDENT LOCATION

Where the incident occurred (Select one): Assembly Hall Branch facility Kingdom Hall Rented facility Vehicle
 Other (Specify in “Additional details”)

Address: _____
(Address line 1) (Address line 2) (Address line 3)

(City) (Province or state) (Zone or code) (Country)

Additional details: _____

If a Kingdom Hall or an Assembly Hall was damaged, were Local Design/Construction Department (LDC) representatives contacted? Yes No

Reporting on behalf of (Select one):

My department (If the incident happened in the context of a special full-time servant’s assignment): _____
(Department name)
 A congregation: _____
(Congregation name) (Congregation number)

INCIDENT DESCRIPTION

Describe what happened:

During what activity did the incident happen? (Select one): Assembly Construction Convention Maintenance Meeting
 Memorial Production Recreational Relief Vehicular Other (Specify): _____

Were weather conditions a factor? Yes No

If yes, select all that apply: Dry Rain Fog Lightning Snow High wind Ice Hail
 Other (Specify): _____

INJURY DETAILS

(Complete this section only for an "Injury" or "Injury and property loss or damage" report type.)

Primary injury (Select one):

Burn Cut Eye injury Fatality Fracture
 Head trauma Loss of limb Nerve damage Wound Other (Specify): _____

Body part affected (Select one):

Arm Back Foot Hand Head
 Hip Leg Torso Other (Specify): _____

Describe the extent of the injury:

Additional injury (Select one, if applicable):

Burn Cut Eye injury Fatality Fracture
 Head trauma Loss of limb Nerve damage Wound

Body part affected (Select one, if applicable):

Arm Back Foot Hand
 Head Hip Leg Torso

Was the injured person's work impacted? Yes No Unknown

If yes, select all that apply: Lost work time Restricted activity

Expected days of recovery (If known): _____ Expected number of workdays lost (If known): _____

How was the injury treated at the scene?

- Select all that apply: Professional medical treatment required
 Medical expenses covered by a social program or the injured person's insurance

Insurance company or social program (If known): _____

PROPERTY LOSS OR DAMAGE DETAILS

(Complete this section only for a "Property loss or damage" or an "Injury and property loss or damage" report type.)

- Cause of incident (Select all that apply): Burglary Vandalism Fire Windstorm/Hail Water damage Vehicle
 Other (Specify): _____

Damages and costs (List damaged or stolen items, including vehicles [make, year, and model]. Include written estimates or bills as attachments.):

Currency: _____

Total amount of damages and costs: _____

Total amount of assistance being requested from the branch office: _____

ILLNESS DETAILS

(Complete this section only for an "Illness" report type.)

Describe the extent of the injury:

Was the sick person's work impacted? Yes No Unknown

If yes, select all that apply: Lost work time Restricted activity

Expected days of recovery (If known): _____ Expected number of workdays lost (If known): _____

How was the illness treated at the scene?

- Select all that apply: Professional medical treatment required
 Medical expenses covered by a social program or the injured person's insurance

Insurance company or social program (If known): _____

PERSON INVOLVED

(Complete this section only if the person received a copy of the *Notice of Policy on Use of Personal Information* [TO-5n] or is a special full-time servant.)

Last name: _____ First name: _____

Gender: Male Female

Birth date (If known): _____
(M/d/yyyy)

Address (If known): _____
(Address line 1) (Address line 2) (Address line 3)

(City) (Province or state) (Zone or code) (Country)

Phone number (If known): _____
(Country code and number)

Occupation (If known): _____ Currently employed: Yes No

Spiritual status: Baptized Unbaptized publisher Other (Specify): _____

Appointed man: Ministerial servant Elder Not appointed

Enrollment: Regular pioneer Construction volunteer Special full-time servant None

Special full-time service enrollment (If applicable):

Bethel family member Construction servant Other (Specify): _____

Special full-time servant identification number (If known): _____

WITNESSES

(List only witnesses who have received the *Notice of Policy on Use of Personal Information* [TO-5n].)

Witness 1

Last name: _____ First name: _____

Address (If known): _____
(Address line 1) (Address line 2) (Address line 3)

(City) (Province or state) (Zone or code) (Country)

Phone number (If known): _____ Email address (If known): _____
(Country code and number)

Witness 2

Last name: _____ First name: _____

Address (If known): _____
(Address line 1) (Address line 2) (Address line 3)

(City) (Province or state) (Zone or code) (Country)

Phone number (If known): _____ Email address (If known): _____
(Country code and number)

SAFETY FACTORS

(Complete this section only if the person involved is baptized.)

Primary factor from the list below that caused the incident: _____

Select *all* other factors in the list below that contributed to the incident.

Attitudes/Feelings

- Absentminded/forgetful
- Apathetic/indifferent
- Distracted
- False sense of impunity/invulnerability
- Impatient
- No ownership ("Not my problem")
- Overconfident
- Overly competitive (sports)
- Overly playful
- Reckless

Communication

- Conditions changed without proper communication
- Confusion after communication
- Insufficient communication between crews/workers
- Insufficient communication between workers/supervisor
- Insufficient planning

Equipment/Facilities

- Better engineering controls needed
- Corrosion/wear
- Equipment malfunction
- Faulty/missing personal protective equipment
- Insufficient guarding
- Tool used incorrectly
- Under repair

Ergonomics

- Awkward position
- Excessive force
- Highly repetitive movements
- Not conditioned
- Outside activities/hobbies
- Tool design
- Workstation/machine design

Hazard

- Created by external factors
- Created by man
- Documented but not corrected
- Unidentified hazard

Hurrying

- Because of external factors
- Friendly competition (work)
- Lack of teamwork
- Supervisor implied need
- Taking shortcuts
- Worker(s) perceived need

Other Factors

- Fatigue/working long hours
- Improper clothing or jewelry
- Physical limitations (such as eyesight, weight, strength, age)
- Physical overexertion
- Weather conditions

Oversight

- Aware of unsafe conditions but failed to correct
- Initiated unsafe conditions/acts
- Personally set poor example

Rules/Procedures

- Developed but could not be followed
- Developed but lacking documentation
- Developed but not accurate
- Developed but not clear/understandable
- Developed but not followed
- Not developed

Training

- Inaccurate/inaccessible manuals
- Inaccurate training
- Insufficient training

Describe the primary and contributing factors (If applicable):

Number of years of experience in the type of work being performed by the person involved at the time of the incident (If applicable): _____

Prevention

What actions have been taken to prevent recurrence?

What else should be done to prevent recurrence?

Is a new rule or procedure needed? Yes No

Who is responsible for any follow-through? _____

CONTACT ELDER AND REPORTED BY

Contact elder: _____
(Full name)

Reported by: _____
(Full name)