

Accident/Injury Reporting Policy

To reduce the risk of further workplace injuries and to ensure employees receive the medical attention that they need, **EMPLOYER** requires immediate reporting of all accidents involving property damage or personal injury. Should an employee be involved in an accident while at work, the employee must immediately report the accident to the **Foreman or Supervisor in Charge**. Employees must report any incidents as they occur. **DO NOT WAIT** until the end of the work shift to report the incident. If there is a situation where an employee does not become aware of their injury right away, the employee must report the injury as soon as reasonably possible upon becoming aware of it, and no later than the end of that business day. No employee will be disciplined for reporting an injury or illness. Employees who make a good-faith effort to report accidents promptly will not be disciplined.

EMPLOYER requires its field employees sign an employee accident sign-out form entitled “**Employee Daily Occupational Safety Log for Accidents & Injuries**” at the end of each work shift. This form is used to verify whether any workplace accidents or injuries took place on that day. This practice promotes the safest possible workplace for our employees and permits us to promptly and effectively respond to any workplace hazards, accidents or injuries.

After every work shift, before leaving the jobsite, each employee must sign the “**Employee Daily Occupational Safety Log for Accidents & Injuries**” form. The employee must sign either the left side, which indicates the employee did not have an accident or sustain a known injury at work on that day, or sign the right side of the document indicating the employee was injured while at work or became aware that day that he/she sustained a work-related injury. Employees that are involved in accidents or witness accidents must sign the applicable section on the right side of the daily log. If an employee was involved in an accident, witnesses an accident, or sustains an injury on the job, they must discuss it with the Foreman/Supervisor in Charge and cooperate with the accident investigation process. Foremen and Supervisors must not interfere with or attempt to discourage reporting under this policy.

Employees are expected to cooperate with accident and injury investigations. To the extent an employee refuses to sign the “**Employee Daily Occupational Safety Log for Injuries**” or otherwise fails to provide accurate information relating to the Company’s process for identifying workplace hazards or investigating accidents or injuries, the employee will be subject to discipline.

Should the employee have any situation arise where they are unsure if they should sign the form one way or the other, they should discuss their concern with the Foreman/Supervisor in Charge and provide notice of possible workplace hazards or incidents observed during the shift, regardless of whether the employee reports an injury or illness at that time. The Foreman/Supervisor will then determine what, if any, investigation must take place based on the information provided by the employee. Refusal to sign the document one-way or the other is not acceptable. The Foreman/Supervisor will not discourage or discipline any employee from reporting an illness or an injury.

Accidents involve a specific event(s). Occupational injuries are not caused by a specific accident and generally occur over longer periods of time and/or exposure. In either situation, the employee must report their injury or illness to the Foreman/Supervisor in Charge as soon as reasonably possible upon becoming aware of it.

Significant goals of this policy include, but are not limited to, immediate identification of workplace hazards, accidents and injuries to provide prompt medical treatment to the individual/s, conduct an immediate accident investigation to determine the “root cause/s” for the accident or injury, take corrective action to prevent additional accidents or injuries on the job, and to further protect the Company by documenting the scene of the accident, and to preserve any necessary evidence to protect the company and/or preserve its rights.

I have had adequate time during paid working hours to review the Company’s policy regarding immediate accident/injury reporting and the “Employee Daily Occupational Safety Log for Accidents & Injuries” form. I understand the policy and its purpose and I have no questions at this time. I acknowledge that I have and/or may ask the Company about any questions I may have in the future. **I understand that I will not be disciplined for reporting an injury or illness to the Company in compliance with this policy and that no Foreman or Supervisor in Charge may discourage me from reporting an injury or illness.**

Employee Name

Date

Employee Signature