

Injured worker classification			
Support Tech <input type="checkbox"/>	Apprentice <input type="checkbox"/>	Electrician / Technician <input type="checkbox"/>	Supervisory <input type="checkbox"/>
Part of body injured	<input type="checkbox"/> Head	<input type="checkbox"/> Hands / Fingers	<input type="checkbox"/> Multiple
	<input type="checkbox"/> Eyes	<input type="checkbox"/> Arm	<input type="checkbox"/> Back
	<input type="checkbox"/> Neck	<input type="checkbox"/> Leg	<input type="checkbox"/> Other _____
Nature of injury	<input type="checkbox"/> Sprain	<input type="checkbox"/> Foreign Body	<input type="checkbox"/> Burn
	<input type="checkbox"/> Fracture	<input type="checkbox"/> Concussion	<input type="checkbox"/> Shock
	<input type="checkbox"/> Laceration	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Amputation
	<input type="checkbox"/> Contusion	<input type="checkbox"/> Avulsion	<input type="checkbox"/> Other _____
Type of incident	<input type="checkbox"/> Fall	<input type="checkbox"/> Overexertion	<input type="checkbox"/> Electricity
	<input type="checkbox"/> Struck by	<input type="checkbox"/> Chemical	<input type="checkbox"/> Vehicle Related
	<input type="checkbox"/> Caught in	<input type="checkbox"/> Temperature	<input type="checkbox"/> Other _____
Describe the conditions and causal factors leading up to the event.			
Was appropriate PPE supplied & in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain.			
Was lack of training or supervision a factor? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please explain.			
Recommendations to prevent reoccurrence include?			
Please submit the completed report to the NIETC at bmoreland@nietc.org .			