



Therma LLC

Weekly Safety Meeting **For The Construction Industry**

Safety Meeting Outlines	1601 Las Plumas Ave., San Jose, CA 95133-1613 (408) 347-3400	Vol. 16	No. 35	Week of 09-02-19
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Company Name Therma Job Name _____ Date _____

Incident Investigation and Reporting

REPORTING REQUIREMENTS

***Immediate notification of all work-related incidents is required regardless of severity.**

IN CASE OF A LIFE THREATENING INJURY CALL 911

LIFE THREATENING INJURIES ARE THOSE THAT INVOLVE:

- LOSS OF CONSCIOUSNESS
- AIRWAY COMPROMISE
- BREATHING DIFFICULTY
- CIRCULATORY COMPROMISE
- OBVIOUS LONGBONE FRACTURES
- POSSIBILITY OF TRAUMATIC NECK OR BACK INJURY
- LARGE BURNS

ALL OTHER INJURIES:

ON-SITE HEALTH & SAFETY will be called by a member of the Safety Department. Onsite will evaluate and treat or determine if a visit to the clinic is needed.

INVESTIGATION PROCESS

Immediate supervisors of injured/ill employee(s) are responsible for collecting and preserving information that will be used to complete the investigation report. All information including written data, diagrams, witness statements, and/or pictures shall be forwarded to the safety department within 24 hours and will be included in the final report by the Safety Department.

All possible questions regarding the accident should be answered, and the corrective actions to prevent a recurrence should be listed. The following questions will be asked to complete the report:

- Who was involved?
- Where Did the Accident Occur?
- What Happened?
- When?
- How Did the Accident Occur?
- Why Did the Accident Occur? (Root Cause)

NOTE: It is important to remember that an accident investigation is not a trial to find fault or blame. The purpose is to find accident causes so that similar accidents may be prevented by physical or mechanical improvement or employee training and motivation.

SAFETY REMINDER	<i>An incident is defined as: "any event that requires investigation, either due to the harm it caused to people, the environment, property, or potential harm it could have caused".</i>
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Employee Safety Recommendations: _____

Meeting Attended By: _____

Supervisor's Signature _____

These instructions do not supersede local, state, or federal regulations.

Therma Safety Training

Site _____

Topic _____

Instructor _____

Date _____

PRINT NAME

SIGN NAME

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