Torrance County

Accident / Incident Reporting Checklist

___ Seek immediate medical attention- Call 911 if necessary

___ Notify Supervisor immediately

___ Call company nurse for non-emergency support prior to leaving the job

___ Visit a workers compensation provider if advised /necessary.

___ "Notice Of Accident Form" is filled out by employee involved in the incident.

___ "Supervisor's Report of Accident" is filled out by Supervisor/Department head.

___ "Accident/Incident Damage Report" is filled out when there is damage to County property, with or without injury.

___ Forms are required to be submitted to HR & Safety officer within 24 hours of accident/incident.

___ Forms are required to be submitted within 4 hours of serious injury, fatality, amputation, or loss of vision to HR and to the Safety officer.

UNM PRINTING SERVICES • (505) 277-4055

NOTICE OF ACCIDENT/NOTIFICACION DE ACCIDENTE

In accordance with New Mexico law, Section 52-1-29, NMSA 1978

Conforme a la Ley de la Compensación de los Trabajadores, Sección 52-1-29, NMSA 1978

I, _____, was involved in an on-the-job accident

Yo, (name of employee/*nombre del empleado*) *me lastimé en un accidente en el trabajo*

at approximately_____, on _____, 20_____.

aproximadamente (time/*a la(s) hora(s)*) *el* (date/*fecha*) *del 20*_____

What happened and where: _____

¿Qué ocurrió y dónde ocurrió?

_____

_____

Signed: _____ Signed: _____

Firma: (employee/*empleado*) *Firma*: (employer or agent/*empleador o agente)*

Employee's social security number: _____ Date: _____

Número de seguro social del empleado: *Fecha:*

Employer/employee: Each keep one copy.
Empleador/empleado: Retener una copia.

For more information, call the Workers' Compensation Administration. Ask for an ombudsman.
Para más información, póngase en contacto con el Programa de Asesores (Ombudsman Program) en la Administración de la Compensación de los Trabajadores

Albuquerque: 841-6000 - 1 (800) 255-7965
Farmington: 599-9746 - 1 (800) 568-7310
Las Vegas: 454-9251 - 1(800) 281-7889
Lovington: 396-3437 - 1(800) 934-2450
Las Cruces: 524-6246 - 1(800) 870-6826

Form NOA-1 (3/99)

TORRANCE COUNTY
ACCIDENT/INCIDENT/PROPERTY DAMAGE REPORT
MUST BE FILLED OUT FOR INCIDENTS, ACCIDENTS, PROPERTY DAMAGE WITH OR WITHOUT INJURY

Date of Report: _____, Time & Date Occurred: _____

How long in current position: _____

Location of Incident, Accident, Property Damage: _____

Day of week: Mon.____, Tue. ____, Wed. ____, Thurs. ____, Fri. ____, Sat. ____, Sun. ____

Employee's Name: _____ Driver's License #. (If vehicle accident) _____

Property Involved: _____
and/or
County Vehicle: Year & Make _____ Unit # _____

Vehicle License # _____ VIN #
_____

Heavy Equip. Serial # _____ Mileage/Hrs _____

One Call Used: Yes _____ No _____ Confirmation # _____

Was a police report filed? Yes _____ No _____; What agency? NMSP ____ County ____ City ____

Was medical attention required? Yes _____ No _____; if yes please mark which

First Aid _____ Emergency Room _____ Doctor _____ Other _____

Body Part Injured (i.e., arm, leg, head etc.) _____

What activity was being performed when incident occurred? _____

What Personal Protective Equipment (PPE) was being used? _____

Description of incident in detail: _____

_____

_____

What were the contributing factors of the incident? _____

_____

_____

_____

EXHIBIT IV

How would you classify the factors in this incident?

Human error _____ Equipment _____ Materials _____ Behavior _____ Environmental _____

Training _____ Procedure _____ Other _____ Struck By _____ Caught In _____

Caught Between _____ Fall Same Level _____ Exposure to _____ Struck Against _____

Caught On _____ Strain _____ Fall Different Level _____

Source (i.e., slippery floor) _____

What would you recommend to reduce or eliminate this type of incident from occurring again?

_____

Signature _____ **Date Reported** _____

Witness Name _____ **Witness Name** _____

INCIDENT INVESTIGTION
After supervisor has investigated the incident, (who what, where, and how) please give factors of incident and what preventable measures can be taken.

Immediate Supervisor's Comments: _____

_____

Supervisor's Signature: _____ **Date:** _____

Safety Officer Comments: _____

_____

Safety Officer's Signature: _____ **Date:** _____

Elected Official/Department Head Comments: _____

_____

Elected Official/Department Head's Signature: _____

Date: _____

NMAC
SUPERVISOR'S REPORT OF ACCIDENT

County: _____ Department: _____

Employee Name: _____ Date: _____

JOB CLASSIFFICATION

- ☐ Administration/Clerical
- ☐ Animal Control
- ☐ Custodian
- ☐ Detention Officer/Supervisor
- ☐ EMT/Paramedic
- ☐ Equipment Operator
- ☐ Field Worker/Crew Member
- ☐ Firefighter (Paid or Volunteer)
- ☐ Law Enforcement Officer/Supervisor
- ☐ Maintenance Worker
- ☐ Mechanic
- ☐ Supervisor
- ☐ Truck Driver
- ☐ Welder
- ☐ Other _____

TYPE OF CONTACT

- ☐ Animal
- ☐ Assault, e.g., offender assaults
- ☐ Caught In, On, Between, or Under
- ☐ Contact With, e.g. bloodborne pathogen, chemical, noise, weather extremes, etc.
- ☐ Fall from Elevation, e.g., different height
- ☐ Fall from same Level
- ☐ Motor Vehicle Accident
- ☐ Overexertion, e.g., strains, ergonomic, etc.
- ☐ Struck By or Against
- ☐ Other _____

Form to be completed by injured/affected employees' supervisor.

CAUSE(S)

Unsafe Act(s)

- ☐ Failure to use PPE
- ☐ Horseplay/misuse
- ☐ Improper lifting/loading
- ☐ Operation without authority/training
- ☐ Working on equipment in operation
- ☐ Other _____

Unsafe Condition(s)

- ☐ Defective tools, equipment, or material
- ☐ Fire & explosion hazard
- ☐ Inadequate engineering controls
- ☐ Inadequate guards or barriers
- ☐ Inadequate illumination
- ☐ Inadequate or improper PPE
- ☐ Inadequate maintenance
- ☐ Inadequate supervision
- ☐ Inadequate warning system
- ☐ Inadequate ventilation
- ☐ Lack of experience (skill)
- ☐ Lack of knowledge (training)
- ☐ Poor housekeeping
- ☐ Other _____

Event Description: _____

_____

_____

_____

_____

_____

_____

_____

Does County/Department have policy or procedure for this activity?	**YES**	**NO**
If so, was the policy or procedure followed?	**YES**	**NO**

PREVENTATIVE MEASURES TAKEN

- ☐ Counsel/sanction employee/supervisor
- ☐ Repair tool, equipment, or material
- ☐ Improve design or layout
- ☐ Improve housekeeping
- ☐ Improve maintenance
- ☐ Provide proper PPE
- ☐ Train employee
- ☐ Train supervisor
- ☐ No Action Practical
- ☐ Other _____

Policy/Procedures

- ☐ Develop new policy/procedure
- ☐ Enforce policy/procedure
- ☐ Revise policy/procedure

What action was taken to prevent similar occurrences? _____

_____

_____

_____

_____

_____

Supervisor Name: _____ Date: _____

Employee Signature: _____ Date: _____

Loss Prevention Coordinator and/or Safety Committee Concurrence: **YES** **NO**

IN CASE OF WORKPLACE INJURY
En caso de un accidente laboral

COMPANY NURSE™ Powered by Lintelio Available 24/7/365

Phone (Teléfono)

1-(877) 518-6706

Digital, powered by Lintelio
(Digital, implementado por Lintelio)

Employer Name (Nombre De la Compañia)

Torrance County

Search Code (Código De Búsqueda)

NMTC

1

Injured worker notifies supervisor.
El trabajador herido notifica a su supervisor.

2

Supervisor/Injured worker:

- **Calls above number OR**
- **Scans above code with their smartphone (they will see Lintelio), clicks "Let's Get Started," registers, and selects "Incident."**

Supervisor / trabajador herido:

- Llama a el número en la parte de arriba O
- Escanea el código de arriba con su teléfono, Da clic en "Let's Get Started/comencemos," se registra, y selecciona "Incident/incidente."

3

Company Nurse gathers information and helps injured worker access appropriate care. Injured worker notifies Supervisor of the outcome of the call.
Company Nurse obtiene la información y ayuda al trabajador herido a obtener el tratamiento médico adecuado. El trabajador lesionado le notifica a su supervisor el resultado de la llamada.

NOTICE TO EMPLOYER/SUPERVISOR: Please post copies of this poster in multiple locations within your worksite. If the injury is non-life-threatening, please call Company Nurse prior to seeking treatment. Minor injuries should be reported prior to leaving the job site, when possible.