Appendix A

**Maui Invasive Species Committee**  
**Accident Reporting Checklist**

For serious injuries, don’t worry about the paperwork. Get the injured employee to the hospital ASAP and tell them it is a worker’s comp injury. We can do the paperwork later.

**PAPERWORK**

- ✓ All forms need to go through the MISC office (Teya/Elizabeth) and to PCSU No Later than 24 hours after the accident. Faxed copies are fine as long as they are readable. You may not be able to fill out items 21 & 22 (patient status and treatment) within 24 hours. We can update that information later.

- ✓ SUPERVISORS REPORT OF INDUSTRIAL INJURY (3 pages)
  - o Page 1 & 2: Mike, Adam, or Teya should fill out these pages based on interview with employee. Admin should provide background info if can. Employee must sign on page 3.
  - o Page 3 (Investigation) Adam, or Teya should fill out this page. This page can be done later if necessary.

- ✓ EMPLOYEE/CLAIMANT CONSENT FORM (1 page)
  - o Check the top box and have the employee sign.
  - o One copy to the doctor, one copy back to the office (If you don’t have a copy machine, have the employee sign 2 copies)

- ✓ Doctor’s note for any visit is required and must be turned into the office and faxed to PCSU ASAP.

**TIPS FOR FILLING OUT THE INJURY REPORT**

- ✓ Use the MISC address & phone number rather than the employee’s personal information.
- ✓ Project name = Maui Invasive Species Committee.
- ✓ Project number = OK to leave blank if you don’t know.
- ✓ For Part B, yes or no answers are not adequate. Please elaborate.
- ✓ PI signature = Teya can sign, if she is not around Linda will sign at PCSU
- ✓ Safety Officer signature = Adam
✓ Supervisor signature = supervisor on duty the day of the injury

AT THE DOCTOR’S/HOSPITAL

✓ Make sure they know the visit is for a worker’s comp injury.
✓ Give them our carrier information:
  o Brandvold Ku, Inc., 841 Bishop Street, Suite 1060, Honolulu, HI 96813
  o Phone: 808-536-3661
  o Fax: 808-533-0778

✓ All injury related visits require a note from the doctor (stating when you were seen, limitations, return to work date)

EMPLOYEE RESPONSIBILITIES:

☐ Report accident to supervisor ASAP of accident
☐ Sign top of pg 3 of Supervisor’s Report A, pgs 1-3
☐ Sign Claimant Consent form investigation
☐ Take copy to Doctor Supervisor’s Report
☐ Give carrier information to doctor Supervisor’s Report
☐ Turn doctor’s note in to office ASAP bottom of pg 3

SUPERVISOR RESPONSIBILITIES:

☐ Notify Manager & Admin
☐ Fill out Supervisor’s Report Part
☐ Conduct accident
☐ Fill out pg 3 of
☐ Sign bottom of pg 3 of
☐ Safety Officer signs
### Appendix B

<table>
<thead>
<tr>
<th>Gloves/cotton clothes</th>
<th>Leather boots</th>
<th>Sling loading by helicopter</th>
<th>Sling nets/Bag/straps</th>
<th>Eye protection</th>
<th>Ear protection</th>
<th>Hard hat</th>
<th>Leather gloves</th>
<th>Bright clothing</th>
<th>Flak jacket</th>
<th>Helmet</th>
<th>EOD Tech</th>
<th>Rappelling/Rope work (Rope/Rope worker)</th>
<th>USB Area Work (UXO Training)</th>
<th>Night work &amp; Confined Space (Iava tube)</th>
<th>Extra flashlights</th>
<th>Protective clothing</th>
<th>Comm. Safety plan</th>
<th>Adequate rest</th>
<th><strong>Since most accidents occur during hiking encourage caution and awareness of potential problems.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff initials for Risk assessment briefing</td>
<td>Training</td>
<td>Flight helmet</td>
<td>15 June 2013</td>
<td>Revised</td>
<td>This form is to be filed at the end of each week in a permanent file in the project office.</td>
<td></td>
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</table>
The Research Corporation of the University of the Hawaii (RCUH) requires all accidents to be reported within 24 hours through the RCUH Form D-25 Supervisor’s Report of Industrial Accident (henceforth referred to as RCUH Form D-25.) Due to this 24-hour reporting timeframe and sending the initial RCUH Form D-25 to PCSU, some of the reports do not provide adequate information. This PCSU Project Accident Report (henceforth Report) provides a follow up to accidents that require an employee to seek medical attention above first aid level and/or result in loss work time through Workers’ Compensation or Sick Leave. Additionally, if the Project’s Principal Investigator (PI) feels a Report should be completed for an incident that does not meet the above criteria such as an incident that had the potential of resulting in a serious accident or injury, he will notify the Project Manager/Coordinator to submit a Report.

This Report provides project accountability after any serious accident or potential incident the PI feels should require a Report. During the process of completing a Report, you may uncover a previously overlooked physical, environmental, or daily operational hazards, unsafe work practices, or the need for additional training. The goal of the process is not to find fault or to point blame but to serve as a process to prevent similar occurrences, share information to other projects on the findings so they may be aware of the hazards, and to improve the safety culture of the project.

Projects will submit their completed Report electronically to the PCSU Safety Manager (PCSU SM) within seven days or less following the accident or potential incident. Under certain situations such as the employee’s unavailability for interview within seven days, it will be completed as soon as possible. If the 7-day deadline cannot be met, please e-mail your PI and the PCSU SM with your estimated time of completion.

To initiate the information gathering process, put together a Team to conduct the inquiry (injured or potentially affected employee and witnesses), review and analyze the factors (contributing and root causes), and make their findings with the recommended corrective actions. People making up the investigative Team should minimally be the Project Manager/Coordinator, Project Safety Officer/Coordinator, and employee’s immediate Supervisor. The Team approach will work with the larger projects but may not be practical for the smaller projects. Each Project Manager/Coordinator will determine the makeup of their Team. For the smaller projects, if help is needed, ask another island-based PCSU Project Safety Officer/Coordinator to join the Team.

To complete the Report, follow the guidelines below.
ACCIDENT OR POTENTIAL INCIDENT

Date of accident or potential incident
The calendar date of the accident or potential incident.

Day of week
The day of the week for the calendar date.

Time
The clock time the accident or potential incident occurred in military time (2400-hour clock).

Project
The employee’s project. If the employee was working with/for another project, list the project that was paying the employee’s salary when the accident or potential incident occurred.

Type of injury
A brief description such as “Machete cut to right leg while clearing trail, “Sprained left ankle while checking fences”, or “Lower left back strain when lifting water containers”. If there were no injuries in a potential incident, write “none”.

INJURED PERSON

Name
Full legal name of the injured or potentially affected employee.

Job Title
Employee’s RCUH job description title.

Immediate Supervisor
Full legal name of the employee’s supervisor.

Safety Officer/Coordinator
Full legal name of the Project Safety Officer or Coordinator. Each PCSU project should have a person that has been delegated this title.

Supervisor’s Report of Industrial Injury Submitted to PCSU by
Full legal name of the person, who completed and faxed the last version of the RCUH Form D-25 to PCSU.
**Date**
Calendar date the RCUH Form D-25 was faxed to PCSU.

**BACKGROUND INFORMATION**

This section of the Report is the detailed narrative of the sequence of events that led up to the accident, or potential incident, that either resulted in the employee’s injury or had the potential to result in an accident.

**Mission and location at the time of the accident or potential incident**
What mission was the injured or potentially affected employee doing when the accident or potential incident happened and exactly where did it happen? Examples of Information required includes:

- When did the mission start, was it part of a multi-day remote field workweek?
- How did the employee/crew get to their base camp or trailhead?
- For remote fieldwork, did they drive to their base camp, hike, or fly by helicopter?
- For a single day trip, did they drive themselves from the baseyard or drive individually from home to the worksite?
- What time does the employee/crew start and end their workday?
- How long did it take the employee/crew to get to the location of the accident or potential incident?
- How many miles did the employee travel?
- Describe the terrain/vegetation type.
- Describe the weather at the site and time of the accident or potential incident.

Include a map of the area and mark the site of the accident or potential incident, this may be an attachment or inserted within the text.

**Activity at the time of the accident or potential incident**
What was the employee doing when the accident or potential incident occurred. For example:

- Was the employee hiking, trail clearing with a machete, chain sawing alien trees?
- What position was the employee taking such as being on a trail, up a tree, crouching, leaning, or climbing?
- Was safety equipment was being used?
ACCOUNT OF THE ACCIDENT OR POTENTIAL INCIDENT

This is the chronological systematic description of the accident or potential incident, the communication and response, and ends with the employee leaving the hospital or doctor’s office, or taking leave as applicable. The detailed narrative will allow a reader to envision the sequence of events leading up to the time of the accident that resulted in the employee being injured or the potential incident, and to the removal, to getting medical treatment, and being released from medical treatment as applicable.

Detailed description of the accident or potential incident and immediate aftermath
Describe the sequence of events that resulted in the accident or potential incident and the employee’s reaction to the accident or potential incident. Consider the following:

- What happened that caused the injury or may have caused the injury?
- What did the employee do immediately after realizing s/he was hurt or may have been seriously hurt?
- How the injury was initially treated and who treated it?
- Were there witnesses and what did they do?
- What did the employee do after the wound was dressed?

When and how was the Supervisor notified and the Supervisor’s immediate actions
Provide a narrative on when and how (radio-whose frequency, cell phone) the employee notified the Supervisor (or someone else if the Supervisor was not available) of the accident or potential incident.

- Was the Supervisor in the field or in the office, or away and another Supervisor or office staff contacted?
- What time was the notification?
- What did the Supervisor/office staff do upon receiving the call?

Detailed description of emergency procedures/plan used (if any and as applicable)
Describe the chronological sequence of events that was used to remove the injured employee from the field. Question to consider include:

- Did the project initiate and follow the program’s emergency procedures/plans?
- If there was helicopter retrieval, who called the helicopter, time of the call, what company, and pilot name?
- Where was the helicopter and pilot at the time of response?
- What time did it leave and arrive at the extraction site and where was this site?
- What did the employee take with her/him when removed?
- Where did the helicopter drop off the employee?
• If the employee hiked out, when did s/he start and when did s/he arrive to the vehicle (and where was the vehicle)?
• How was the employee transported to emergency room with time of arrival, and time of release?
• If the employee did not go to the hospital but went to her/his physician’s office, state so.
• If the employee did not seek medical help until the next day or several days later, describe what the employee did when s/he returned from the field until seeking medical attention.

**Eyewitness and their account of the accident or potential incident:**
If there were co-workers in the area, full names with job description titles and a narrative of their account.

**CONTRIBUTING FACTORS**

Below is a list of standard topics that may be contributing factors that lead to up to the accident or potential incident.

**Task**
This is the activity being performed and the Team will look for answers to such questions such as:

• Were the appropriate equipment or materials available and was the employee using them?
• What safety precautions did the employee take?
• What safety equipment (PPE) was the employee using?

If available, a copy of the Job Hazard Analysis should be attached to the Report. A photo of the accident or potential incident area will be helpful to understand the site and should be included in the Report.

**Equipment/materials**
To answer questions for the equipment and materials used, consider the following:

• Was there an equipment failure, and what caused it to fail?
• Was the equipment poorly designed for the task?
• Was there better equipment available for use?
• Were hazardous materials involved, was it clearly labeled, and did the employee know it was hazardous?
• Did the safety equipment fail?
• Was the PPE appropriate for the job and was it being worn properly?
• Was the employee trained to use the PPE?
If a tool may have caused the injury or was in use when the injury occurred, include a photo of the equipment into the Report. If a required PPE was used with the equipment, a photo of these items should be included in the Report; an example would be a machete and the glove worn or wrap used on the machete handle, or the chainsaw, chaps, gloves, hearing, head, and eye protection. If defective equipment may have or caused the injury, a copy of the invoice should be included as an attachment to the Report; do not discard the defective equipment but do remove it from service and label as UNSAFE-DO NOT USE. Keep the item in a secured location for later disposition.

Environmental
This is the environmental (natural, baseyard, road, office setting, etc.) situation at the time of the accident or potential incident and questions to consider may include:

- What was the weather condition like?
- Was it hot, humid, cool, colder with wind-chill, foggy, smoggy?
- What was the vegetation type?
- What was there adequate lighting?
- Was there too much noise?
- Were there toxic fumes, dust, gases present?

Personnel
The condition of the employee must be included in the inquiry. Questions to consider may include:

- Was the employee trained for the task and if so, when?
- Was the employee experienced for the work being done?
- Was s/he capable of physically performing the task?
- Was there an underlying physical condition that contributed to the accident or potential incident?
- Was the employee physically exhausted or fatigued at the time?
- Was the employee under work or personal stress at the time?

Management
Management holds the responsibility for the safety of their employees and therefore the roles of management must be included in the process. The Team needs to determine if there were failures in the “system” that may have contributed directly or indirectly to the accident or potential incident. Questions to consider may include:

- Were safety rules communicated to and understood by all employees?
- Were there written procedures and an orientation provided to the employee?
- Were the project procedures being enforced?
- Was there adequate supervision being provided?
• Was the employee trained to do the work and was it documented?
• Were hazards described in the task and was the employee made aware of these hazards?
• Were safety procedures previously established to mitigate these identified hazards that resulted in the accident or potential incident?
• Was regular maintenance being carried out on the equipment being used?
• Were safety inspections being done on the equipment and documented?
• Was the office or baseyard area being maintained for employee safety?

Attach a copy of the employee’s pertinent training record, and any written procedures followed at the time of the accident or potential incident to the Report. If the equipment had an in-house maintenance record, that would also be an attachment to the Report.

ROOT CAUSE ANALYSIS

Determining root causes may be the most difficult and potentially painful part of this process. There are volumes of work on the subject and you are encouraged to do your own research on the topic. Basically, root cause is a failure within a system or process that when fixed should prevent the problem from reoccurring. Root cause analysis (RCA) is the systematic approach to find the root cause(s) of the problem. Why are we requiring a root cause analysis when you already know HOW the injury happened or HOW it may have resulted in a serious injury? By doing so, you will be able to determine WHY the accident occurred (or may have occurred) and identify corrective actions that will hopefully prevent another occurrence. We will concentrate on the following categories of root causes:

Unsafe Acts

• Safety policies or procedures violated
• Improper PPE or PPE not used
• Improper work technique used
• Using equipment without proper training or authorization
• Failure to warn or secure
• Operating at an unsafe speed
• By passing safety devices
• Not using proper safety guards in place
• Improper lifting or loading
• Improper use of tool, equipment, item
• Servicing/maintaining equipment improperly
• Horseplay
• Drug or alcohol use
• Unnecessary haste
• Unsafe act of another
• Not trained for the task
• Too fatigued to perform safely
• Inattention to surrounding or footing
• Others

Unsafe conditions

• Poorly designed or congested workstation or office layout
• Working with hazardous materials
• Inadequate ventilation
• Improper storage of materials
• Improper tool or equipment
• Insufficient knowledge of job
• Slippery conditions
• Poor housekeeping
• Excessive noise
• Inadequate guarding against hazards
• Defective tool or equipment
• Insufficient lighting
• Inadequate fall protection
• Poor weather conditions
• Poor visibility
• Others

Management deficiencies

• Inadequate or missing safety policies or procedures
• Failure to train or to provide refresher training for the task
• Lack or inadequate written plans, procedures, SOPs
• Safety policies or procedures not being monitored or enforced
• Supervision or program oversight inadequate
• Hazards not identified
• PPE not provided
• Insufficient supervisor training
• Improper maintenance
• Inadequate supervision
• Inadequate workplace inspections
• Inadequate equipment
• Unrealistic scheduling or deadlines
• Undue pressure on subordinates
• Others
After determining the various root causes, provide a narrative on each cause that includes why it was included, history behind the cause leading up to the accident or potential incident, and any other pertinent information. This is where the Team will need to put on their collective analytical thinking cap!

**FINDINGS and RECOMMENDED CORRECTIVE ACTIONS**

This is the final narrative to include in the Report and it should be a summary of the Team’s findings with a set of well-considered recommendations designed to prevent a reoccurrence. These recommendations (once approved by the PI) must be eventually included in the project’s safety SOP or other documents. For example, if additional training is identified, once the PI approves the recommended action(s), the training must occur and be documented.

Recommendations should be specific, constructive, identifying the contributing factors and root causes.

Recommendations shall not include disciplinary actions. If human error was the cause, the recommendation is to remedy the situation to prevent a reoccurrence. Disciplining should occur through normal personnel procedures such as mid-season or end-of-year performance evaluation, or other administrative processes.

**TEAM MEMBERS**

List the full names and job titles of each Team member that participated in preparing the Report.

**Report Prepared By**
This the full name of the person that produced the Report. If more than one person prepared the Report, include each person’s full names.

**Date**
The date the Report was completed. If the Report was returned for more information, the revision date will be used for the subsequent submission.

**Date of electronic submission to PCSU Safety Manager**
The date the Report or revised Report electronically submitted to the PCSU SM.

**PCSU FOLLOW UP**

Once the Report has been electronically submitted, the PCSU SM will review the Report within three working days of receipt. If the PCSU SM feels the Report has not provided enough information, he will email the Final Report Preparer(s) the Report with his
explanation/recommendations for improvement in the “PCSU Safety Manager Comments” section of Report; the Project’s Principal Investigator will be Cc:

Once the PCSU SM feels the Report provides a full explanation of the HOW and WHY of the accident or potential incident and concurs with the findings and recommendations that will provide adequate safeguards to prevent a reoccurrence, he will forward the updated Report to the Project’s PI.

The PI will review the Report within five working days of receipt. If he feels the Report is not complete, he will email the Report back to the Final Report Preparer(s) and PCSU SM with his concerns in the “PI Comments and Recommendations” section.

The process continues until the PI is satisfied with the Report and its findings and recommendations. The PI will send the approved Report with his final remarks in the “PI Comments and Recommendations” to the Program Manager/Coordinator with Cc: to the PCSU SM and log the “Date of Approval”.

The PI will forward a copy of the approved Report to the RCUH Director of Human Resources as PCSU’s follow up to the initial RCUH Form D-25 on the accident or potential incident and log the “Date of electronic submission to RCUH Human Resource Director”.

ADDITIONAL INFORMATION OR SUGGESTIONS FOR COMPLETING THIS REPORT

More information is better than having the PCSU SM or PI return the Report for additional information.

A detailed and concise product may be up to 10+ pages with photos and attachments; the more serious or involved the injury or potential incident, the longer the report.

The teamwork approach lessens the burden and shortens the individual’s time.

Do not gloss over the accident or potential incident, a thorough review process may uncover previously overlooked physical or environmental hazards and may prevent a similar occurrence for other projects.

Keep an open-mind and be objective, do not try to protect your turf.

When interviewing the employee or witnesses:

- Meet in a private room if possible with no distractions.
- Interview witnesses separately.
- Put the person at ease.
• Emphasize the reason for the interview, that is, to determine what happened and why; not to place blame or punish.
• Let them talk.
• Do not lead, interrupt, prompt, ask leading questions, show your emotions, or jump to conclusions.
• Do not ask yes/no questions but open-ended questions.
• Have someone on the Team take the extensive notes while others take shorter notes.
• Confirm that you have the facts correct.
• Close on a positive note.

When meeting to consolidate your notes, if questions arise, feel free to “re-interview” the employee or witness to clarify or fill in the missing details.

When meeting to determine the Root Cause Analysis, meet in an area where there are no distractions, turn off cell phones.
When preparing the Report, again, do it in an area where there are no distractions.

Remove defective equipment from the field and secure in a safe place in the office; tag as UNSAFE-DO NOT USE.

Make sure you follow up with the recommendations and corrective actions once approved by your PI.

Share what you have learned from this process with your staff.
**Pacific Cooperative Studies Unit**

**PROJECT ACCIDENT REPORT**

**ACCIDENT OR POTENTIAL INCIDENT**

Date of occurrence: MM/dd/yyyy  
Day of week: Choose Day  
Time: HHmm

Project:  
Type of injury: 

**INJURED PERSON**

Name:  
Job Title:  
Immediate Supervisor:  
Safety Officer/Coordinator:  

Supervisor’s Report of Industrial Injury Submitted to PCSU by:  
Date: MM/dd/yyyy

**BACKGROUND INFORMATION**

Mission and location at the time of the accident or potential incident

Activity at time of the accident or potential incident

**ACCOUNT OF THE ACCIDENT OR POTENTIAL INCIDENT**

Detailed description of the accident or potential incident and immediate aftermath

When and how was the Supervisor notified and Supervisor’s immediate action

Detailed description of the emergency procedures/plans used (if any and as applicable)

Eyewitness and their account of the accident or potential incident

**CONTRIBUTING FACTORS**
Task

Equipment/materials

Environmental

Personnel

Management

ROOT CAUSE ANALYSIS

Unsafe acts

Unsafe conditions

Management deficiencies

FINDINGS and RECOMMENDED CORRECTIVE ACTIONS

TEAM MEMBERS
<table>
<thead>
<tr>
<th>Report prepared by:</th>
<th>Date: MM/dd/yyyy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of electronic submission to PCSU Safety Manager: MM/dd/yyyy</td>
<td></td>
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</tbody>
</table>

**PCSU SAFETY MANAGER COMMENTS**

| Date of electronic submission to PCSU Principal Investigator: MM/dd/yyyy |

**PRINCIPAL INVESTIGATOR COMMENTS AND RECOMMENDATIONS**

| Date of Final Report Approval: MM/dd/yyyy |
| Date of electronic submission to RCUH Human Resource Director: MM/dd/yyyy |
### Appendix D

**RESEARCH CORPORATION OF THE UNIVERSITY OF HAWAII**

**SUPERVISOR’S REPORT OF INDUSTRIAL INJURY**

Fax (808) 966-6023 or email (rcuhnhr@rcuhn.com) to RCUHN HR within 24 hours of injury/illness/accident

Original form should be sent to 2350 Dole Street, Sakamaki Hall D-100, Honolulu, HI 96822

(Part A and Part D MUST be completed)

<table>
<thead>
<tr>
<th>1. EMPLOYEE’S NAME</th>
<th>2. PROJECT NAME</th>
<th>3. CLASSIFICATION:</th>
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<tbody>
<tr>
<td>(Last, First, M)</td>
<td></td>
<td>□ Regular</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Student</td>
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<td>□ Temporary</td>
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<td></td>
<td></td>
<td>□ Volunteer</td>
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</tbody>
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<thead>
<tr>
<th>4. EMPLOYEE’S RCUH ID#</th>
<th>5. EMPLOYEE’S ADDRESS (No., Street, City, State, Zip Code)</th>
<th>6. JOB TITLE</th>
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<tr>
<th>7. DATE OF INJURY</th>
<th>8. DATE INJURY REPORTED TO SUPERVISOR</th>
<th>9. TIME WORKSHIFT BEGAN</th>
<th>10. TIME OF INJURY</th>
</tr>
</thead>
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<tr>
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<td>A.M. / P.M.</td>
<td>A.M. / P.M.</td>
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<thead>
<tr>
<th>11. ACCIDENT LOCATION &amp; ADDRESS</th>
<th>12. WITNESS(ES) NAME (Last, First)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Ex. Loading dock north end; 3152 N. 6th St., Hilo, HI)</td>
<td>(Last, First)</td>
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<thead>
<tr>
<th>13. HOW DID THIS ACCIDENT OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened.)</th>
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<tr>
<th>14. WHAT WAS THE EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using.)</th>
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<tr>
<th>15. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE? (e.g., the machine employee struck against or struck him, the vapor or poison inhaled or swallowed, etc.)</th>
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<table>
<thead>
<tr>
<th>16. EMERGENCY CARE AND PATIENT STATUS</th>
</tr>
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<tbody>
<tr>
<td>□ First Aid Only (i.e., employee was not referred to hospital or doctor)</td>
</tr>
<tr>
<td>□ Referred to hospital/doctor, current status unknown</td>
</tr>
<tr>
<td>□ Treatment at hospital/doctor (complete name/address of physician below)</td>
</tr>
</tbody>
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Form D-25
Page 1 of 3
17. **EMPLOYEE STATUS**

- Was employee paid in full for day of accident? □ Yes □ No
- Has employee returned to work? □ Yes □ No If “Yes”, enter date returned: __________________________
- Will employee lose time from work? □ Yes □ No If “Yes”, please explain: __________________________

Indicate any other information about the employee’s status: __________________________

18. **IDENTIFY SPECIFIC BODY PART(S) INJURED.**

***Describe the injury/illness

***Mark (“X”) the injured body part(s) on diagram below and have employee initial by the injured body part(s).
Oahu Army Natural and Cultural Resource Management Safety Program

STATEMENT OF CERTIFICATION (Any falsification of this report may result in disciplinary action)

19. Supervisor’s Signature  20. Date  21. Employee’s Signature  22. Date

19a. Print Name/Phone Number/Fax/Email  21a. Print Name/Work & Home Phone Numbers/Email

PART B:  ACCIDENT INVESTIGATION:

1. What type of safety equipment and/or procedure was involved in this work process? Did the employee use the equipment or follow the procedure?

2. What kind of actions do you plan to implement to prevent this type of accident from recurring?

3. Have you instructed the employee on how to avoid the recurrence?

4. Was a Safety Rule violated? If so, has the employee been disciplined for violating the safety rule?

Additional comments relating to Accident Prevention and/or investigation:

Supervisor’s Signature  Project Safety Coordinator’s Signature

Print Name/Phone Number/Fax/Email of Safety Coordinator

REVIEWED BY PRINCIPAL INVESTIGATOR:

Principal Investigator’s Signature  Print Name/Phone Number/Fax/Email of Principal Investigator

REMINDEDS:

1. If this is more than a “first aid” type injury or if the employee will lose time from work, the employee must be seen by a Physician.
2. Complete and Attach EMPLOYEE CLAIMANT CONSENT FORM (D-26) to this report and send both to the RCIH Director of Human Resources immediately. Fax to 808/966-8222 AND mail original forms to 2530 Dole Street, Saltariki Hall, 808-100, Honolulu, HI 96822.
3. Scan and email photo(s) of the injury(s), location, etc. to rcuhhr@rcuh.com.
4. Refer to RCUIH 3.580 Workers’ Compensation and 3.930 Safety and Accident Prevention Program policies for more information.
5. Provide the Employee with the “Guidelines to Employee Memo” located on the WC policy.

Form D-25
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