

Bob Mills Furniture Employee Incident Form

If an employee reports an injury or an incident is observed, it is the responsibility of management to complete this form accurately and completely within 1 hour. Management will report all incidents without exception. Failure to do so will result in disciplinary action.

Process for reporting an incident:

1. Stop what you are working on and attend to the employee.
 - a. Check for injuries.
 - b. Provide first aid.
 - c. If Needed: contact emergency services or provide transportation.
 - d. Call Nurse Triage if medical treatment is needed @ **888-235-0102**.
2. Document the scene.
 - a. Take photographs or videos of the area, any equipment involved, and any property damage.
 - b. Have witnesses complete a statement.
 - c. Document witness contact information.
3. Complete the form and notify your supervisor.
 - a. Contact your supervisor to make them aware of the incident.
 - b. Accurately and completely fill out the forms.
 - c. All information should be filled out and must be legible.
 - d. Please stick to facts around the incident. Thoughts and opinions are not relevant to providing the right care to an employee during an incident.
4. Submit the forms.
 - a. Safety@bobmills.com is the only method of submission for incident forms, supporting documentation, and any follow-up documentation.
 - b. All documentation should be on the appropriate form.
5. Complete risk assessment.
 - a. The expectation at Bob Mills Furniture is that any incident is a single event.
 - b. Work with RM, HR, or Ops for a positive resolution to prevent reoccurrence.
6. Back to Work
 - a. Support light duty and back to work programs.
 - b. Remember to support employees through positive feedback.
 - c. Encourage rest and recovery as appropriate to support an employee's return to health and work.

Remember to call 405-947-0694 for emergencies and that all submissions go through Safety@bobmills.com.

Bob Mills Furniture Employee Incident Form

Employee Portion

Date of Incident:

Time of Incident:

Location City:

Date Reported:

Time Reported:

Employee:

Date of Birth:

Last 4 SSN:

Phone Number:

Marital Status:

Email:

Gender:

Street Address:

City:

State:

Zip code:

Driver's License #:

Driver's License State:

Incident Description:

Body Part Affected:

Loss of Consciousness Y/N:

Initial Medical Treatment:

None

Refused

First Aid Only

Doctor/Treatment Facility Visit

Emergency Room

Name of Facility:

Who Transported:

Witnesses:

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Witness Statements

Date of Incident:

Time of Incident:

Witness Name:

Phone Number:

Email:

Street Address:

City:

State:

Zip code:

Witness Incident Description:

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Manager Portion

Supervisor's Name:

Employee Time in Role:

PPE in use:

Was the Employee doing their regular job? Y/N:

What was the Employee doing:

Was there any damage to property or equipment? Please provide details:

Describe the incident from your understanding:

Are there any recent Employee changes, events, conversations, concerns, or disciplinary actions? Please provide details:

Were there any unsafe acts or conditions present? Please provide details:

Is there any additional information that you feel might be beneficial to claims administration, HR, RM, or Ops?

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Store Manager & Risk Management Portion

What was the specific cause of the accident?

What actions or recommendations can be taken to prevent a similar occurrence?

What has been done to correct any unsafe conditions?

What retraining has been done with the team to prevent a similar occurrence?

Is there anything else that the Claims Manager or Risk Management needs to know about the situation?