### A. EXTENT OF INJURY (Check one only)
- No injury (incident only)
- Injury not requiring a TWCC-15
- Medical
- Lost time only (more than one day)
- Medical and lost time
- Fatality

### B. CATEGORY (Check one only)
- Occupational injury (accident)
- Occupational injury (aggressive behavior)
- Occupational illness/disease

### C. SPECIFIC LOCATION OF OCCURRENCE (Check one only)

#### INDOORS:
- Building inventory no. ____________________________
- Auditorium
- Boiler room
- Canteen/Snack bar
- Cell block
- Classroom
- Day room
- Dormitory/Living Room
- Elevator
- Food service area/Dining/Kitchen
- Gymnasium/Recreation
- Hallway/Corridor
- Hospital/Clinic/Dispensary
- Laboratory
- Laundry
- Library
- Nursing station
- Office areas
- Program areas
- Ramp
- Sales store/Outlet
- Seclusion room
- Room
- Steps/Blairs/Steinway
- Storage area
- Waiting room
- Workshop/technical traders
- Other specify ____________________________

#### OUTDOORS:
- Athletic field
- Campus
- Grounds
- Highway/Road/Street
- Loading dock
- Park or recreation area
- Parking lot
- Roof
- Sidewalk
- Steps/Blairs/Steinway
- Storage area
- Swimming pool area
- Tower
- Other (specify) ____________________________

### D. ACTIVITY ENGAGED IN BY INJURED AT TIME OF INJURY (Check one only)
- Bathing
- Buffering
- Carrying
- Cleaning
- Climbing
- Cutting
- Descending
- Digging
- Dressing
- Driving
- Eating
- Escorting
- Exercising
- Feeding
- Grinding
- Grooming
- Jumping
- Loading
- Mopping
- Other (specify) ____________________________

### E. BODY PART INJURED (Most Serious)
- Ankle
- Arm
- Back
- Buttocks
- Chest
- Chin
- Ear(s)
- Eye(s)
- Finger/Thumb(s)
- Forehead
- Groin
- Hand
- Hip(s)
- Other (specify) ____________________________

### F. TYPE OF INJURY (Check primary one)
- Abrasion
- Amputation
- Bite
- Bruse
- Burn
- Concussion
- Cut
- Dermatitis
- Dislocation
- Foreign object
- Fracture
- Frostbite
- Hearing loss
- Heart attack
- Aggression (client, inmate, patient)
- Bodily reaction (drug, medication)
- Caught in, on, under, or between
- Contact with chemicals
- Contact with electric current
- Contact with temperature extremes
- Fall on same level
- Other (specify) ____________________________

### G. TYPE OF OCCURRENCE (Check one only)
- Aircraft
- Air pressure
- Animal (snake, dog, horse, etc.)
- Athletic equipment (baseball, bat, dart, etc.)
- Attachments (belt, pulley, gear, shaft)
- Cabinet
- Chemical (solid, liquid, or gas)
- Computer
- Container (bottle, box, barrel, cylinder, etc.)
- Curb
- Doors (automatic, manual, revolving)
- Drugs or medicine
- Dust
- Electrical apparatus
- Elevator, escalator
- Explosives
- Eyewear Garbage
- Fan
- Fire, flame, smoke
- Floor
- Food products
- Fumes
- Furniture, fixtures
- Gas
- Glass items
- Gun
- Ground (earth)
- Hand tool
- Heating equipment
- Hostile equipment (Sleeping)
- Icy condition
- Insect
- Kitchen equipment
- Knife
- Lighting fixture and equipment
- Ladder, scaffold
- Lock
- Machine
- Material handling equipment
- Metal
- Mineral items (asphalt, clay, gravel, etc.)
- Motor vehicle
- Needle
- Office equipment (chair, desk, cabinet, etc.)
- Paint
- Particle
- Pavement
- Person (other than client, inmate, employee)
- Pipe
- Platform, dock, ramp
- Railway
- Razor
- Rescue equipment
- Roof
- Saw
- Screen
- Seat
- Sling
- Smoke
- Snow
- Spiral Strain
- Sprain
- Stroke
- Sucker
- Syringe
- Trench
- Trailer
- Tool
- Truck
- Turf
- Wall
- Water
- Wrench
- X-ray equipment
- Yacht
- Zamboni

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Continued On Other Side
<table>
<thead>
<tr>
<th>H. CONTINUED</th>
<th>I. CONTINUED</th>
<th>J. CONTINUED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pole</td>
<td>Riding moving equipment not designed for passengers</td>
<td>Unsafe/defective hand or electric tools</td>
</tr>
<tr>
<td>Power tool or machinery (lath, saw, etc.)</td>
<td>Unobservant (daydreaming, inattentive, etc.)</td>
<td>Unsafe equipment</td>
</tr>
<tr>
<td>Radiating equipment (microwave, x-ray, etc.)</td>
<td>Using unsafe/defective tool, material equipment</td>
<td>Unsafe material</td>
</tr>
<tr>
<td>Receptacle</td>
<td>Using wrong tool, material equipment</td>
<td>Unsafe vehicle</td>
</tr>
<tr>
<td>Smoke</td>
<td>Working/Walking under suspended load (crane, hoist, derrick)</td>
<td>Unshored trench, excavation, etc.</td>
</tr>
<tr>
<td>Stair, step</td>
<td>Working in a confined space without proper safeguard</td>
<td>Walkway, sidewalk, pavement</td>
</tr>
<tr>
<td>Sun</td>
<td>Working without adequate lighting</td>
<td>Other (specify) ____________</td>
</tr>
<tr>
<td>Trench/Ditch</td>
<td>Other (specify) ____________</td>
<td>Other (specify) ____________</td>
</tr>
<tr>
<td>Vegetation</td>
<td>Other (specify) ____________</td>
<td>Other (specify) ____________</td>
</tr>
<tr>
<td>Weather</td>
<td>Other (specify) ____________</td>
<td>Other (specify) ____________</td>
</tr>
<tr>
<td>Wood</td>
<td>Other (specify) ____________</td>
<td>Other (specify) ____________</td>
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<table>
<thead>
<tr>
<th>I. ACT/PRACTICE ASSOCIATED WITH OCCURRENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Check one only)</td>
</tr>
<tr>
<td>Contact with electrical source (tool, device, wire, etc.)</td>
</tr>
<tr>
<td>Entering an unauthorized area</td>
</tr>
<tr>
<td>Failure to practice safe diving technique</td>
</tr>
<tr>
<td>Failure to use handrail, grab bar</td>
</tr>
<tr>
<td>Failure to use lockout device</td>
</tr>
<tr>
<td>Failure to use PPE</td>
</tr>
<tr>
<td>Failure to warn of known hazards (i.e. no safety sign, light, barricade, instruction, etc.)</td>
</tr>
<tr>
<td>Handling of object, material, item, thing</td>
</tr>
<tr>
<td>Horseplay</td>
</tr>
<tr>
<td>Improper mixing or storing (non-compatible material, chemicals, etc.)</td>
</tr>
<tr>
<td>Improper placing or storing (materials, tools, equipment)</td>
</tr>
<tr>
<td>Lifting (including position, stance)</td>
</tr>
<tr>
<td>Making safety devices inoperative</td>
</tr>
<tr>
<td>No unsafe act/practice on the part of employee</td>
</tr>
<tr>
<td>Operating/Working at unsafe speed</td>
</tr>
<tr>
<td>Operating without proper authority/clearance</td>
</tr>
<tr>
<td>Over or unnecessary exposure to hazards (gas, fumes, dust, chemicals, mist, radiation, etc.)</td>
</tr>
<tr>
<td>Repairing or servicing moving object/thing (machine, equipment, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>L. CONDITION (PHYSICAL HAZARD) ASSOCIATED WITH OCCURRENCE</th>
<th>(Check one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONCURRED</td>
<td>Yes</td>
</tr>
<tr>
<td>CONTACTED</td>
<td>Yes</td>
</tr>
<tr>
<td>PHYSICIAN, INSURANCE COMPANY, OR EMPLOYER</td>
<td>Yes</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>M. ACTION(S) TAKEN OR PLANNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO PREVENT RECURRENCE?</td>
</tr>
<tr>
<td>(Check all that apply)</td>
</tr>
<tr>
<td>Action taken with employee for violating rules, regulations or procedures</td>
</tr>
<tr>
<td>Employee given basic training</td>
</tr>
<tr>
<td>Existing rule, regulation or standard (SOP) enforced</td>
</tr>
<tr>
<td>New rule, regulation or standard prepared</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>N. DESCRIBE BRIEFLY IN NARRATIVE FORM THE CIRCUMSTANCES THAT LED TO AND CAUSED THIS OCCURRENCE</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>INJURED'S IMMEDIATE SUPERVISOR (print)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIGNATURE</td>
</tr>
<tr>
<td>DATE: / /</td>
</tr>
<tr>
<td>PHONE:</td>
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<tr>
<th>REVIEWED BY</th>
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<tbody>
<tr>
<td>SECTION/DEPARTMENT/DIVISION ADDITIONAL DUTY SAFETY OFFICER COMMENT:</td>
</tr>
<tr>
<td>SIGNATURE</td>
</tr>
<tr>
<td>DATE: / /</td>
</tr>
</tbody>
</table>

| SECTION/DEPARTMENT/DIVISION HEAD COMMENT: |
| SIGNATURE                              |
| DATE: / /                             |

| AGENCY OR FACILITY SAFETY MANAGER COMMENT: |
| SIGNATURE                              |
| DATE: / /                             |

<table>
<thead>
<tr>
<th>ATTACHMENT F</th>
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<tbody>
<tr>
<td>TWCC: (102)</td>
</tr>
<tr>
<td>Appendix A 1 (b), Page 2 of 2</td>
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