

SAU 16

SAFETY PROGRAM

**LOSS PREVENTION MANAGEMENT PROGRAM
TABLE OF CONTENTS**

SECTION 1	Purpose and Background
SECTION 2	Responsibilities
SECTION 3	Handling Emergencies Accident Reporting Accident Investigation
SECTION 4	Inspection
SECTION 5	Safety Education and Training

SECTION 1

PURPOSE: This Safety Program is designed to assist in preventing accidents and illnesses to all persons who work or study in SAU 16.

BACKGROUND: This program provides the framework for safety to be managed as other major functions of the district are managed: through planning, organization, leadership and control. It is expected that this program will help produce a safe and healthful work environment and thus result in the reduction or elimination of workplace hazards and incidents.

REFERENCES:

SUBJECT	CODE
Responsibility to provide schools	NH RSA 189:1
Responsibility to maintain schools	NH RSA 189:12
Neglect to build, repair etc.	NH RSA 199:20
Requirement to keep safe	NH RSA 200:12

STATEMENT OF PURPOSE

SAU 16 is committed to providing the safest possible conditions for its students, employees and visitors, and to minimizing the environmental, health and safety risks to which they are exposed. Accidents are undesirable, unplanned occurrences which may result in tragic consequences—bodily harm, loss of school time, property damage, legal action, and even fatality. While it is impossible or impracticable to prevent all accidents, the purpose of this program is to reduce accident incidence to the lowest possible level. Risks must be anticipated and dealt with responsibly, systematically and in advance by all members of the school community. SAU 16 will comply with all safety laws and regulations. SAU 16 will also provide the equipment, facilities, training and supervision necessary to achieve a safety program that prevents or reduces all types of potential hazards to a minimum. This program will include:

1. Development and enforcement of Safety Rules and Recommendations.
2. Compliance with the above rules as a condition of employment, subject to established discipline policies.
3. A program of safety and health inspections to find and eliminate unsafe conditions or practices, and to comply fully with safety and health standards.
4. Training for all employees in good safety and health practices, with opportunity for employee participation in the design and evaluation of the training.
5. Investigate accidents and incidents to determine the cause and, to the degree practicable, make necessary changes to prevent a recurrence.
6. Shared responsibilities among supervisors, staff and students for implementation of all aspects of the safety and health program.

SECTION 2 RESPONSIBILITIES

Employees shall be fully responsible for implementing the provisions of this program as they pertain to operations under their control or supervision. The responsibilities listed are minimum, and should not be construed to limit individual initiative to implement more comprehensive procedures to control losses.

A. School Board:

1. Officially endorse the Program.
2. Provide overall Policy support, direction and commitment.
3. Appropriate necessary resources for implementation of the Program.

B. Superintendent of Schools:

1. Ensure that personnel responsible for carrying out the provisions of this program have read and understand it, and are held accountable for their actions/inactions in accordance with established personnel policies and procedures.
2. Administer necessary resources:
 - a. Funding – safety equipment; personal protective equipment; training materials.
 - b. Personnel – outside experts; loss prevention consultants; coordination between departments for information exchange.
 - c. Time – review inspection/investigation reports; participate in training programs.
 - d. Other as needed.

C. SAU 16 Risk Control Coordinator:

The SAU 16 Risk Coordinator will be the Business Administrator. The Risk Coordinator is responsible for the technical management and implementation of the Safety Program. Specific responsibilities include:

1. Coordinate all SAU 16 risk control activities.
2. Maintain accident records and certificates of insurance as well as provide regular reports to the Superintendent and staff of SAU 16 on the progress of the risk control program.

D. SAU 16 Safety Committee Chair:

The SAU 16 Safety Committee Chair works in concert with the SAU Risk Coordinator to design and implement a Safety Program. He/she is elected by the members of the Safety Committee.

Responsibilities include:

1. Set example for safe practices.
2. Monitor the safety portion of the student/staff orientation program.
3. Provide leadership in steering the committee in the identification and the search to minimize risk.
4. Facilitate coordination of the efforts of the Safety Committee, Risk Coordinator and SAU 16 staff to promote safety in the district.
5. Assist supervisors in the training of the school community.

E. SAU 16 Safety Committee

The Safety Committee serves as a forum for the discussion of risk control issues, the exchange of relevant information, and methods for control of hazards. Their responsibilities include:

1. Meet at least four times a year.
2. Examine school safety inspection and accident reports to develop recommendations to improve safety.
3. Contribute to the development of training modules.
4. Provide progress reports and/or minutes to the Superintendent for distribution to appropriate bodies and organizations.

F. Principals

The school principal is responsible for the success of the risk control program within that school.

To accomplish this objective, ongoing involvement and regular, formal reviews are needed.

School principals have the authority and responsibility to maintain safe and healthful work places and work practices. Specifically, he/she will do the following:

1. Assume responsibility for all aspects of the Safety Program within his/her school.
2. Ensure that all employees he/she supervises are fully informed as to the requirements of the Safety Program.
3. Comply with all established personnel policies and procedures as they relate to this program. Specifically, follow appropriate disciplinary processes for violations of work rules.

4. Provide for and/or participate in training efforts/exercises.
5. Immediately review and participate in the investigation of accidents. Determine what, if any, corrective actions need to be taken. Discuss plans and ideas to bring about additional risk management measures.
6. Conduct monthly inspections of the building(s), grounds and athletic fields utilizing a checklist. Maintain completed checklists on file for two years. Carry out additional inspections, investigations, and administrative duties as required in this plan by his/her position.
7. Account for accidents, incidents, and near-misses involving his/her staff.
8. In the process of performance evaluation highlight specific strengths and weaknesses relating to safety, as is appropriate to the rated person's job.
9. Inform students, staff and parents of school and district safety rules at the beginning of each school year and post the rules in a prominent place in the school.

G. Supervisors:

Employees with supervisory duties, whether they be principals or line supervisors, have the authority and responsibility to maintain safe and healthful work places. Specifically, supervisors will do the following:

1. Comply with all aspects of the Safety Program and all applicable work rules.
2. Ensure that all employees he/she supervises are fully informed as to the requirements of the Safety Program.
3. Comply with all established personnel policies and procedures as they relate to this program. Specifically, follow appropriate disciplinary processes for violation of work rules.
4. Provide for the education of the employees he/she supervises as requested by the employee's duties.
5. Periodically conduct departmental safety discussions on topics of current importance.
6. In the process of performance evaluation highlight specific strengths and weaknesses relating to safety, as is appropriate to the rated person's job.

H. Transportation Coordinator:

The Transportation Coordinator has all of the responsibilities of a Supervisor, plus those which are unique to the transportation department. These additional responsibilities are:

1. Supervise the safety program relating to traffic and bussing issues.
2. At the beginning of the year, he/she will inform all administrative officials, teachers, students and parents of all rules and regulations relating to bussing.

I. Employees:

This Safety Program or governmental regulations notwithstanding, each member of the staff must have responsibility for his or her own safety. Employees are required, as a condition of employment, to exercise due care in the course of their work to prevent injuries to themselves and to their fellow workers. Adherence to policies and regulations and taking the initiative to ask questions or suggest possible solutions are critical to the success of a coordinated risk control effort. Employees shall:

1. Understand and follow all work rules.
2. Wear required personal protective equipment, including seat belts.
3. Report all unsafe all unsafe acts and conditions to the supervisor.
4. Operate only machines and equipment that he/she has been authorized and trained to operate.
5. Follow all accident reporting procedures (see Section 3).
6. Comply with all aspects of the Safety Program of SAU 16.

J. Students:

Students must take responsibility for their own safety in addition to complying with safety programs or governmental regulations. Adherence to school policies and procedures and taking the initiative to ask questions or suggest possible solutions is critical to student involvement in the safety effort.

1. Comply with all aspects of the Safety Program of the school, those of specific school activities, and the student handbook guidelines.
2. Use safety equipment as required by the school.

3. Report unsafe acts or conditions to teachers.
4. Offer suggestions for accident prevention.
5. Promptly report all accidents and near-misses to teachers.

SECTION 3 HANDLING INJURIES ACCIDENT REPORTING AND INVESTIGATIONS

Naturally, the first thing to do when an accident occurs is to ensure that the proper medical treatment is provided. In handling emergencies, judgement is a key factor. Employees are expected to exercise their best judgement based upon circumstances. The following is a list of guidelines to follow. However, if there is any question whatsoever about the seriousness of an injury, call for help!

A. First Responses:

1. Call the appropriate emergency service (medical, fire, police, rescue).
2. See to it that first aid is provided.
3. Notify the supervisor.
4. Follow reporting and investigation requirements.

B. Workers Compensation Reporting:

A worker's compensation injury is defined as an accidental injury or death arising out of and in the course of employment, and all occupational diseases arising out of and in the course of employment. There are definite state requirements for reporting these injuries, which are summarized in this section:

1. All accidents or incidents are to be reported immediately to the responsible supervisor.
2. Supervisors will see to it that enough information is gathered to accurately complete the Employer's First Report of Injury or Occupational Disease (Form 8WC). This information will be reported to the Central Office as soon as possible, but not later than 24 hours after an injury.
3. The First Report of Injury Form will be completed and processed by the building principal or department head within three calendar days. This individual will also complete any other required forms.

4. Injuries requiring only common first aid must also be reported following these guidelines.

SECTION 4 INSPECTIONS

Supervisors are responsible for conducting necessary safety inspections and recording their findings.

Any unsatisfactory conditions are to be dealt with in an appropriate and timely manner.

A. Frequency:

Formal inspection of the work area and equipment are to be conducted regularly. Additional inspections of specific pieces of equipment or job sites may be required by applicable work rules.

B. Guidelines for Correcting Unsatisfactory Conditions:

1. First and foremost, take the necessary action to prevent an injury!
2. If within your authority, take steps to permanently correct the hazard. Report all action taken to your department head/supervisor.
3. If you do not have the authority to correct the problem, take steps to prevent an injury as a result of it. Report the problem and your recommended solution to the person who has the authority to correct it.

C. Recordkeeping Guidelines:

1. Document the inspection! At a minimum, record the inspection date, location/piece of equipment, inspector's name, list of unsatisfactory conditions noted, action taken, and a list of recommendations.
2. If unsatisfactory conditions were noted, send a copy of the report to your department head/supervisor, and keep a copy in your file.
3. If no unsatisfactory conditions were noted, just keep the inspection report in your file.

D. Accident/Incident Investigation:

The immediate supervisor, or other designated individual, will investigate all accidents, incidents and any near-misses which occur within their span of control. The purpose is to determine what happened, why it happened, and most importantly, how to prevent it from happening again. An accident investigation report should be completed if the accident is serious in nature or had the

potential to cause serious injury. The following guidelines for conducting investigations are provided:

1. Investigate the scene as soon as practicable after the accident/incident, noting conditions, locations of equipment, physical objects, and witnesses. Make notes and draw sketches as needed.
2. Interview witnesses soon after the accident so the facts will be fresh in their minds. Be certain that they understand that no blame is being laid – you are simply trying to gather facts to prevent a recurrence.
3. Interview the victim when the timing is right. Keep in mind his/her physical and emotional condition.
4. Make recommendations to prevent similar occurrences. Terms such as "employee was careless" have no place in a factual report.

SECTION 5 SAFETY EDUCATION AND TRAINING

Safety education and training raises the employee's level of safety awareness and also provides management with an opportunity to demonstrate concern for the welfare of employees.

A. Types of Training:

1. **Introductory**
All new or transferred employees will be told of their responsibilities under the loss prevention management program, and advised of work rules.
2. **Specific/On the Job**
Employees will be instructed, as appropriate, by the supervisor in the proper method of performing each job, the hazards associated with it, the required personal protective equipment, and any necessary emergency procedures.
3. **Follow-up**
When the supervisor identifies a need, follow-up training will be conducted. At a minimum, this training will be provided to all employees after an accident or near-miss.

B. Recordkeeping:

1. Introductory training – document in the employee's first annual evaluation.
2. Specific training – documentation will be made by supervisor listing subject, attendance, and other significant details of training. A summary of this documentation will be included in employees file.

**SECTION 6
CONTRACTORS AND SUBCONTRACTORS**

The Safety Program implemented by SAU 16 must take into consideration the work performed at the schools and on school property by Contractors and Subcontractors. The task of integrating them into the overall Safety Program at SAU 16 shall be met by the Risk Control Coordinator, or by a person appointed by him/her. Every effort will be made to ensure that the Contractors/Subcontractors meet safety guidelines as established by the SAU 16 and the State of New Hampshire. In this effort, specific tasks are:

A. Risk Control Coordinator:

1. The Risk Control Coordinator shall maintain certificates of insurance at the Central Office.

B. Director of Environmental Services:

1. Gather Certificates of Insurance from all Contractors and Subcontractors.
2. Deposit the Certificates of Insurance with the Risk Control Coordinator for relevant access.
3. Provide the necessary papers to the Contractors and Subcontractors.
4. Notify the staff, students and general public of hazards, which might be encountered due to the work of the Contractors/Subcontractors.
5. Post the required safety notices and warnings as required by the State of New Hampshire.

SAU 16

ACCIDENT REPORT FORM

A. Facility

Specific room or area of building: _____

Date of incident: _____ Time of incident: _____ am/pm

When notification of incident was received: _____

Who was notified: _____

B. Type of incident:

_____ Personal Injury Please describe extent of injury: _____

_____ Non Injury Producing _____

_____ Property Damage _____

C. Injured Person:

Name: _____

Address: _____

Town: _____ Phone number: _____

Parent's name: _____

Sex: _____ Age: _____ Grade: _____

Were others injured as a result of this incident? _____ How many others? _____

List full names of all other people: _____

Was an adult present at the scene? _____ Yes _____ No If yes give name: _____

Describe nature of injury or illness and parts of body affected: _____

D. Immediate Action Taken: (please check all that apply)

First Aid: _____ yes By: _____

Sent to Nurse's Office: _____ yes By: _____

Sent back to class: _____ yes By: _____

Sent to Doctor: _____ yes By: _____

Name of Doctor: _____

Sent to Hospital: _____ yes By: _____

Name of Hospital: _____

Notified: Parent Guardian Neighbor (Circle one) Time: _____ am/pm

By: _____ Total number of days lost from school: _____

E. Cause of Incident:

Give a description of the incident: _____

If injuries occurred, what caused the injuries (play equipment, fence, surface, etc.) _____

Was incident avoidable? (i.e. failure to follow playground rules.) _____

F. Additional Information:

Describe any other relevant conditions at the time of the incident such as weather conditions, activities being played, clothing, etc., which may have contributed to the incident. _____

G. Witnesses:

List the names, addresses and phone numbers of witnesses: _____

Attach a copy of all related incident reports.

Report completed by:

Date: _____

Name: _____

Title: _____

Signature: _____

Report acknowledged by Principal: _____
Signature Date

Report acknowledged by Director of Environmental Services: _____
Signature Date

Report acknowledged by Risk Control Coordinator: _____
Signature Date

SAU 16

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT FORM

A. Facility:

Specific room of building: _____

B. The Incident:

Who was injured/School Affiliation: _____

Date of Incident: _____ Time of Incident: _____ am/pm

When notification of incident was received: _____

Who was notified: _____

Report to Supervisor of First Aid Delayed? Yes No If yes, why? _____

Nature/Extent of Injuries or Property Damage: _____

Description of Accident (detail what school community member was doing, and what physical objects, tools, machines, structures or equipment were involved): _____

C. Causes and Remedies:

Determine Accident causes and comment fully here: _____

What should be done and by whom to prevent recurrences of this type of accident? _____

What action are you taking to see that this is done? _____

Attach a copy of all related incident reports.

Report completed by:

Date: _____

Name: _____

Title: _____

Signature: _____

Report acknowledged by Principal: _____

Signature

Date

Report acknowledged by Director of Environmental Services: _____

Signature

Date

Report acknowledged by Risk Control Coordinator: _____

Signature

Date

SAU 16

SCHOOL SAFETY CHECKLIST

The following checklist covers both physical conditions of the facility and work practices of school personnel. On inspections, please be aware of the unsafe act as well as the unsafe conditions.

I. Entrances

- 1. Is lighting adequate with no glare or shadows?..... Yes No
- 2. Is inclement weather protection provided, e.g. mats, safety strips, de-icers, etc.?..... Yes No
- 3. Are tripping hazards eliminated, e.g. threshold plates in good repair, absence of cords, etc.?..... Yes No
- 4. Is safety glass provided in all doors? Yes No
- 5. Are doors, windows, exterior vents, hatches and chimneys secure with locks, chains, etc.? Yes No

6. Other (comment)

Comment on all items checked "No".

II. Stairs and Hallways

- 1. Is housekeeping adequate, e.g. floor dressing properly applied, adequate sweeping and pick-up procedures, etc.? Yes No
- 2. Is lighting adequate to eliminate glare and shadows? Yes No

3. Are treads in good repair and of nonskid material? Yes No
4. Are all handrails provided on both sides and in good repair? Yes No
5. Are landing free of storage materials, equipment, etc.? Yes No
6. Are ramps provided with nonskid surface and in good condition? Yes No
7. Are all elevation differences between floors clearly defined and properly lighted? Yes No
8. Are fire alarms, extinguishers and sprinkler systems presently in good working order? Yes No
9. Other (comment)

Comment on all items checked "No".

III. Classrooms

1. Is housekeeping adequate? Yes No
2. Are desks, chairs, and tables in good repair? Yes No
3. Is adequate aisle space provided such that a quick exit of students is possible? Yes No
4. Are floors in good condition and not slippery? Yes No
5. Are potential hazards protected, e.g. extension cords across aisle covered, electrical equipment properly grounded, venetian blinds in good repair, etc.? Yes No
6. Is there a supply of latex gloves in each classroom, i.e. in the teacher's desk? Yes No
7. Other (comment)

Comment on all items checked "No".

IV. Shops

1. Are tools in good condition and properly stored? Yes No
2. Are all machines properly guarded and are guards and machines in good repair (points of operation, belts, gears, etc., guarded)? Yes No
3. Are self closing containers (safety cans) available for storage of

- flammable liquids in use? _____ Yes _____ No
4. Are ladders provided where needed in storage areas? _____ Yes _____ No
5. Are heavy items stored on floor or bottom shelves? _____ Yes _____ No
6. Are shelves adequate for intended load and fastened to walls? _____ Yes _____ No
7. Is personal protective equipment provided and utilized? _____ Yes _____ No
- a. Eye protection, goggles, welding hoods, etc.?, _____ Yes _____ No
- b. Apron for welding? _____ Yes _____ No
- c. Gloves? _____ Yes _____ No
- d. Respirators? _____ Yes _____ No
8. Is housekeeping adequate, e.g. proper storage, clear aisle space, proper furniture and equipment arrangement? _____ Yes _____ No
9. Are pressurized cylinders secured and capped properly? _____ Yes _____ No
10. Are nonskid floor surfaces provided by or near machines? _____ Yes _____ No
11. Is all electrical equipment properly grounded and in good repair? _____ Yes _____ No
12. Are safety devices on car lifts in good working order? _____ Yes _____ No
13. Are tool rests adjusted to no more than 1/8 inch clearance? _____ Yes _____ No
14. Are switches and other danger areas on machines, etc. color coded? _____ Yes _____ No
15. Is adequate space available for safe operation, e.g. machines and equipment not crowded and arranged properly? _____ Yes _____ No
16. Is all equipment permanently fastened to the floor? _____ Yes _____ No
17. Are welding curtains provided in the welding area? _____ Yes _____ No
18. Is the shop adequately ventilated? _____ Yes _____ No
19. Is proper ventilation provided for toxic vapors, e.g. solder, paint, etc.? _____ Yes _____ No
20. Are personal items of clothing, such as rings, ties, etc. removed before operating equipment? _____ Yes _____ No
21. Is there a supply of latex gloves easily accessible for use? _____ Yes _____ No
22. Other (comment)

Comment on all items checked "No".

V. Laboratories and Laboratory Storerooms

1. Is the amount of glassware and chemicals kept to a minimum
in work areas? Yes No
2. Is the housekeeping satisfactory? Yes No
3. Is the electrical equipment properly grounded? Yes No
4. Is eye protection available and worn when needed? Yes No
5. Are ladders available in storage room if needed? Yes No
6. Are heavy items stored on lower shelves? Yes No
7. Are chemicals kept at a sufficient operating level, e.g. no over-stocking? Yes No
8. Are chemicals clearly labeled? Yes No
9. Are like materials stored together? Yes No
10. Are large containers of acids stored together on bottom shelves or in an
acid storage closet? Yes No
11. Are areas available for working (burning, heating, using hot plate,
mixing, etc.) other than in stock rooms? (Stock rooms should be used
for storage only.) Yes No
12. Are shelves fastened to the wall? Yes No
13. Is the ventilation adequate for work performed? Yes No
14. Is there a supply of latex gloves available and accessible? Yes No
15. Other (comment)

Comment on all items checked "No".

VI. Kitchen and Dining Area

1. Is the working area adequately lighted? Yes No
2. Is the housekeeping satisfactory? Yes No
 - a. Are employees instructed to pick up or clean up all dropped items
and spillage? Yes No
3. Are walk in refrigerator doors so situated that they do not swing in main
aisles or work areas? Yes No

4. Are floors in good repair and of nonskid variety? Yes No
5. Is all electrical equipment properly grounded? Yes No
6. Are hood filters clean and in good repair? Yes No
7. Is the hood exhaust fan adequate to remove smoke and vapor? Yes No
8. Is all mechanical equipment, such as choppers, slicers, etc., properly guarded at the point of operation and in good repair? Yes No
9. Are vapor-proof lights provided in refrigerators and range hoods and in good repair? Yes No
10. Are heavy items stored on lower shelves in storage areas? Yes No
11. Are knives and other utensils in good condition and properly stored, e.g. on racks, hooks, etc.? Yes No
12. Are employees properly instructed in use of equipment, knives, etc.? Yes No
13. Are chairs, tables and other items of equipment in dining room and kitchen in good repair? Yes No
14. Is there a supply of latex gloves accessible for use? Yes No

15. Other (comment)

Comment on all items checked "No".

VII. Miscellaneous

1. Are lockers in good condition and secured to the floor or wall without sharp projections? Yes No
2. Have sharp projections and edges been eliminated? Yes No
3. Is the gym equipment in good condition? Yes No
4. Are obstructions removed before playing games, gymnastics, wrestling, etc.? Yes No
5. Are the bleachers in good condition and structurally adequate, both indoors and outdoors? Yes No
6. Is the condition of playing fields satisfactory, devoid of holes, rocks, glass, etc.? Yes No

7. Are shower controls working properly e.g. water not too hot? _____ Yes _____ No
8. Are floors in shower areas not slippery and clean? _____ Yes _____ No
9. Is folding door in gym operating properly? _____ Yes _____ No
10. Is the playground equipment in good condition? _____ Yes _____ No
11. Is there adequate parking lot lighting? _____ Yes _____ No
12. Are traffic controls adequate on school grounds? _____ Yes _____ No
13. Are guard rails situated where needed? _____ Yes _____ No
14. Are the sidewalks in good repair? _____ Yes _____ No
15. Are stage areas in good repair, e.g. safeties on winches, wire ropes to hold screens, safety chains on lights, screens, etc. as needed? _____ Yes _____ No
16. Are shelves bolted to the wall? _____ Yes _____ No
17. Is there adequate first aid equipment placed appropriately throughout the building? _____ Yes _____ No
18. Is there personal protective equipment (gloves, goggles, etc.) available throughout the building to protect against the spread of blood borne pathogens? _____ Yes _____ No
19. Other (comment)
- Comment on all items checked "No".

Inspector

Date

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF LABOR
CONCORD, NEW HAMPSHIRE

NOTICE OF ACCIDENTAL INJURY OR OCCUPATIONAL DISEASE 8aWCA
(Please print or type)

To _____ Phone # _____
(Name of Employer)

(Business Name and Address)

IN ACCORDANCE WITH RSA 281-A:20

This is to notify you that an injury occurred.

(Name of Injured Employee) SS # _____

(Address of Injured Employee) Daytime Phone # _____

(Date of Accident or First Treatment)

(Place Accident Happened)

Describe your injury or disease, and how it happened. Identify the body part(s) affected. _____

Name of Physician/Hospital _____

(Employer's Signature)

(Employee's Signature)

(Date)

(Date)

This form can be returned to DOL with or without employer's signature.

NOTICE TO EMPLOYER

YOU MUST FILE AN EMPLOYER'S FIRST REPORT, Form No. 8WC, WITH THE LABOR COMMISSIONER AND THE NEAREST CLAIMS OFFICE OF YOUR INSURANCE CARRIER, AS SOON AS POSSIBLE AFTER ACQUIRING KNOWLEDGE OF THE OCCURRENCE OF AN OCCUPATIONAL INJURY OR DISEASE TO ONE OF YOUR EMPLOYEES OR UPON PRESENTATION OF THIS NOTICE BY HIM, BUT NO LATER THAN FIVE DAYS THEREAFTER. FAILURE TO COMPLY CARRIES AN AUTOMATIC CIVIL PENALTY OF UP TO \$2500 (RSA 281-A:53).



EMPLOYER'S FIRST REPORT OF OCCUPATIONAL INJURY OR DISEASE (Form 8WC)

NH DOL USE ONLY

Return to: **The State of New Hampshire, Department of Labor**
P.O. Box 2077, Concord, NH 03302-2077
(603) 271-3176 FAX: (603) 271-6149

IMPORTANT: Every employer shall file this report as soon as possible after knowledge of any occupational injury or disease to an employee, but no later than five days thereafter. Notice of disability of four or more days shall be filed no later than seven days after date of injury on Supplemental Report Form No. 13WCA. Failure to comply with any or all of the above carries a civil penalty of up to \$2,500.00 RSA 281A:53

PLEASE TYPE OR PRINT. ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED.

EMPLOYEE INFORMATION

EMPLOYER INFORMATION

1 Name of injured: First Middle Initial Last			2 DOB:	3 Age:	4 Male <input type="checkbox"/>	5 SS No.:
					Female <input type="checkbox"/>	
6 Address: No. & St City/Town			7 State:	8 Zip Code:	9 Tel No.:	
10 Is there on file a N.H. Youth Employment Certificate?:	11 Occupation when injured:	12 Was this his/her regular occupation? If not state regular occupation:		13 Wages per hr.:	14 No. hrs. worked per day:	
15 No. days worked per week:	16 Average Weekly Earnings:	17 Was injured hired in N H ?	18 Date employment began:		19 Date & Time of Injury:	
20 Date disability began:	21 Was injured paid in full for this day?	22 Date supervisor/employer was first notified:	23 Name of Person notified:		24 Location/Jobsite where accident occurred:	
25 Describe fully how accident occurred and describe what employee was doing when injured:						
26 Name of witness(es):			27 Part(s) of body injured:		28 Estimated length of disability:	
29 Has injured returned to work?	30 If so, what date?		31 At what occupation or job?		32 Returned at: Full Duty: _____ Alternative/Light Duty: _____	
33 Equipment causing injury:			34 Were safeguards in place?	35 Was accident caused by injured's failure to use safeguards or follow regulations?		
36 Initial Treatment: (check those that apply) No medical treatment: _____ Care provide by Employer only (on-site): _____ Emergency care: _____ Hospitalized: _____ Other: (Outpatient): _____ (Clinic): _____ (Office Visit): _____ (Other-explain): _____						
37 Name of treating physician:			Name of treating hospital:		38 Has injured died? If so what date?	
39 Legal Business Name and/or D/B/A or Leasing Company Name:			40 Employers Federal ID:		41 If leased or temporary worker client's business name:	
42 Business Address of No. 39 above:			43 City/State:		44 Zip:	
45 Telephone Number:	46 Insurance Co. (not agent) or Self Insured Group: NH Public Risk Management Exchange Bow Brook Place, 46 Donovan Street Concord, New Hampshire 03301-2624			47 Managed Care Program? Y or N If yes name Provider:		
48 No. of Employees: Full-time: Part-time:		49 Is there a Written Safety Program in force?			50 Is there an active Safety Committee?	
51 Business SIC Code	52 Type or Nature of Business in N H.:		53 If report sent by Insurance Agency state name:			
54 Employer Signature:			55 Printed/Typed Name and Official Title:			
56 Employee Signature (whenever possible):			57 Date of this report:			

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF LABOR
Employer's Supplemental Report of Injury

This report, indicating disability of an employee of four or more days, shall be filed as soon as possible after date of knowledge of an occupational injury or disease, but no later than seven days thereafter. Consistant failure to make this report available to the labor commissioner and the nearest claims office of your insurance carrier carries an automatic civil penalty of up to \$100 00. (RSA 281:46)
This report shall also be submitted upon employees return to work.

1. Name of Employer _____ Establishment # _____

2. Address _____
(No. and St.) (City and State)

3. Insured by _____

4. Name of Employee _____
(First Name) (Middle Initial) (Last Name) (S.S. Number)

5. Address _____
(No. and St.) (City and State)

6. Date of injury _____ 20____ 7. Date Disability began _____ 20____ A.M. _____ P.M. _____

8. _____
(Specific dates of disability)

9. Compensation Funds of New Hampshire, Bow Brook Place, 46 Donovan St., Concord, New Hampshire 03301-2624
(Employer's or Insurance Carrier's Name)

10. Has injured returned to work? _____ If so, date and hour _____ A.M. _____ P.M. _____

11. Is injured person earning same wages as before injury? _____ If not, explain _____

Date of Report _____

Signed by _____

Official Title _____

Tel No. _____