

## SAFETY COORDINATOR'S REVIEW

### INSTRUCTIONS FOR SAFETY COORDINATORS:

1. Within 48 hours of the accident, complete this Safety Coordinator's Review (OSLP Safe-1) after reviewing the Employee's Work Injury and Illness report, (OSLP-1Emp) and the Supervisor's Accident Analysis and Prevention Report (UWSA/OSLP-2)
2. Return it to your Worker's Compensation Coordinator.

Employee Name: _____		Date of Accident : ___/___/___	
Please Check One <input type="checkbox"/> Injury / Illness <input type="checkbox"/> Incident			
Was your analysis / review of this accident based on (please check all that apply) <input type="checkbox"/> Investigation / interviews at the scene of the accident, <input type="checkbox"/> Phone conversation(s) with, <input type="checkbox"/> Employee's supervisor, <input type="checkbox"/> Injured employee, <input type="checkbox"/> Witness(es), <input type="checkbox"/> Paper review of submitted accident reports, <input type="checkbox"/> Other: Please explain.			
From your analysis / review, should corrective action(s) be taken to prevent a similar accident? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain.			
Did the accident or injury result form repetitive motion or material handling? If so can the job be modified to eliminate these exposures? If yes or no, please explain.			
Safety Coordinator's Signature		Date	
Title		Phone # (       )	