



North Dakota Association of Rural Electric Cooperatives

MONTHLY INCIDENT REPORT 2011

COOPERATIVE: _____ MONTH: _____

TOTAL # OF EMPLOYEES: _____ (includes full and part time, inside and outside personnel)

TOTAL # OF HOURS WORKED: _____ (includes regular and overtime hours)

TOTAL # OF MILES DRIVEN: _____ (all company vehicles)

TOTAL # OF LICENSED VEHICLES: _____ (co-op owned or leased vehicles only)

*OSHA RECORDABLE INJURIES/ILLNESSES for this month

DATE OF INJURY	NATURE OF INJURY	CAUSE OF ACCIDENT	*LOST TIME CASE (yes/no)	# OF LOST TIME DAYS	****DART CASE (yes/no)	# OF DART DAYS	FATALITY (yes/no)

***OSHA Recordable** is a work related injury or illness that results in death, medical treatment beyond first aid, loss of consciousness, days away, days restricted or days transferred to modified duty.

****Date of injury** is the date the injury occurred. In the case of cumulative trauma, the date of professional diagnosis.

*****A lost time case** is noted when an employee misses work due to a work related injury/illness. Count the days away from work to determine lost time days. Do not count the day of the injury or illness.

******DART** is day away, restricted or transferred. This is when an employer or medical provider keeps an injured worker from performing their routine job functions or schedule due to a work related injury or illness.

OSHA RECORDABLES from previous months

OSHA RECORDABLES from previous months			NATURE/CAUSE CODES	
ORIGINAL DATE OF INJURY	# OF LOST TIME DAYS	# OF DAYS RESTRICTED OR TRANSFERRED (DART)	NATURE OF INJURY CODE	CAUSE OF ACCIDENT CODE
			A. Abrasion and/or cut	A. Arc flash
			B. Burn	B. Material handling
			C. Crush	C. Slip/trip
			D. Strain/sprain	D. Struck by equipment/object
			E. Eye injury	E. Electrical contact
			F. Fatality	F. Fall
			G. Back injury	G. Toxic Exposure
			H. Broken bones (fracture)	H. Tool (hand or power)
			I. Illness	O. Other
			O. Other	

This section reports the days when an employee is injured in a previous month and is still away, restricted or transferred this month. Document the total days from the original injury date through the end of this month. Do not count the date of injury.

MOTOR VEHICLE ACCIDENTS for this month

ACCIDENT DATE	TYPE OF VEHICLE

Return the monthly report to ATS by the 15th of the month, i.e.: January's Report is due February 15th.
croemmich@ndarec.com
 or fax: 701-663-3745

List only the MVAs involving bodily injury or when damage occurs to the vehicle when it hits or is hit by another vehicle or object, including striking an animal. Do not include incidents of vandalism, weather damage or theft.