

**CITY OF ELK RIVER
SAFETY COMMITTEE
ACCIDENT REVIEW SUMMARY FORM**

NAME (this will not be given to Safety Committee):	DEPARTMENT: Finance/ Bldg Maint
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ACCIDENT INFORMATION

DATE (OF ACCIDENT): 1-9-2015	TIME: 4:30 a.m.
LOCATION: F. D. Closet	TYPE OF VEHICLE (IF INVOLVED):
INJURY? (YES OR NO) Yes	WORK COMP CLAIM FILED? (YES OR NO) No
PROPERTY DAMAGE? (YES OR NO. IF YES, DESCRIBE) No	
NATURE OF ACCIDENT (be specific, include work activity at time of accident): Employee was dumping dirty water out of scrubber/mop bucket. Tripped on floor. Pulled muscle, tightness to back of leg.	
ENVIRONMENTAL FACTORS: None.	
UNSAFE CONDITIONS: None.	
ACTION TAKEN: None.	

SAFETY COMMITTEE RECOMMENDATION (to be filled out by Committee): The Committee had no recommendations (January 21, 2015 Safety Committee Meeting).
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