

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

NAME (this will not be given to Safety Committee):	DEPARTMENT: Codd/Street Maintenance
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ACCIDENT INFORMATION

DATE (OF ACCIDENT): 3/20/15	TIME: 9:15 am
LOCATION: Maintenance Facility	TYPE OF VEHICLE (IF INVOLVED):
INJURY? (YES OR NO) Yes	WORK COMP CLAIM FILED? (YES OR NO) Yes
PROPERTY DAMAGE? (YES OR NO. IF YES, DESCRIBE) No	
NATURE OF ACCIDENT (be specific, include work activity at time of accident): Employee was getting out of the bed of a pickup. When getting down employee landed hard on right heel.	
ENVIRONMENTAL FACTORS: None	
UNSAFE CONDITIONS: None	
ACTION TAKEN: Sat on tailgate to rest foot.	

SAFETY COMMITTEE RECOMMENDATION (to be filled out by Committee): Lauren Wipper commented that when the employee went to see a doctor, after the incident occurred, they were informed that they may have an already pre-existing condition of planter fasciitis that had been irritated when the employee was exiting the pickup. No recommendations were made by the committee. (April 15, 2015 Safety Committee Meeting)
