

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

NAME (this will not be given to Safety Committee):	DEPARTMENT: Fire
--	----------------------------

ACCIDENT INFORMATION

DATE (OF ACCIDENT): 05/21/15	TIME: 5:00 PM
LOCATION: ER Fire Station #2	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 cut left arm on a screw that was exposed from a ventilation prop he was setting up for the Fire Academy.	
ENVIRONMENTAL FACTORS: None	
UNSAFE CONDITIONS: Rental prop provided by third party had exposed screw.	
ACTION TAKEN: The screw was bent off.	

SAFETY COMMITTEE RECOMMENDATION (to be filled out by Committee): Jeff Smith mentioned looking over the piece of equipment to make sure it is in good condition, prior to using. (June 17, 2015 Safety Committee Meeting)
--