

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

NAME (this will not be given to Safety Committee):	DEPARTMENT: Electric
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ACCIDENT INFORMATION

DATE (OF ACCIDENT): 7/9/2015	TIME: 10:00 am
LOCATION: Watson St/Watson Ct	TYPE OF VEHICLE (IF INVOLVED):
INJURY? (YES OR NO) No	WORK COMP CLAIM FILED? (YES OR NO) No
PROPERTY DAMAGE? (YES OR NO. IF YES, DESCRIBE)	
NATURE OF ACCIDENT (be specific, include work activity at time of accident): Stung by a bee when swarm came out of J-Box. Stung on left wrist and it swelled up.	
ENVIRONMENTAL FACTORS:	
UNSAFE CONDITIONS: Could have tapped around lid and listened to hear if bees are present before opening by hand.	
ACTION TAKEN: None	

SAFETY COMMITTEE RECOMMENDATION (to be filled out by Committee): Katie Haase recommended spraying for bees or carrying a can of spray to kill bees on contact. (September 23, 2015 meeting)
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