

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

NAME (this will not be given to Safety Committee):	DEPARTMENT: Codd, Planning
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ACCIDENT INFORMATION

DATE (OF ACCIDENT): 8/5/15	TIME: 8:45 am
LOCATION: City Hall garage	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 assisting another employee lift a table onto sawhorses. The legs detached from the table and fell onto employee's feet.	
ENVIRONMENTAL FACTORS: None noted.	
UNSAFE CONDITIONS: Legs were not attached to the table.	
ACTION TAKEN: Legs were secured to the table.	

SAFETY COMMITTEE RECOMMENDATION (to be filled out by Committee): No recommendations (September 23, 2015)
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