

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

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

DATE (OF ACCIDENT): 8/24/2015	TIME: 10:00 a.m.
LOCATION: City Hall complex	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 removing tall grass from garden and was stung by several bees.	
ENVIRONMENTAL FACTORS: Bees.	
UNSAFE CONDITIONS: none	
ACTION TAKEN: The nest was located and destroyed.	

SAFETY COMMITTEE RECOMMENDATION (to be filled out by Committee): The Safety Committee did not have any recommendations. (September 23, 2015 meeting)
