

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

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

DATE (OF ACCIDENT): 8/28/2015	TIME: 00:22 a.m.
LOCATION: Fire scene	TYPE OF VEHICLE (IF INVOLVED):
INJURY? (YES OR NO) Yes	WORK COMP CLAIM FILED? (YES OR NO) No
PROPERTY DAMAGE? (YES OR NO. IF YES, DESCRIBE) No	
NATURE OF ACCIDENT (be specific, include work activity at time of accident): Tripped on fire hose while walking to the truck to put up scene lights. Reports do not indicate injury but I believe it was an injured finger.	
ENVIRONMENTAL FACTORS: None	
UNSAFE CONDITIONS: None	
ACTION TAKEN: Did not see object. Look down.	

SAFETY COMMITTEE RECOMMENDATION (to be filled out by Committee): Chief Cunningham indicated that the Fire Department would be having more training on when to put their masks on to avoid having them fog up, which causes visibility issues. Katie Haase recommended having everyone on scene be more cautious and aware of their surroundings to the best of their abilities considering the circumstances. (September 23, 2015 meeting)
