

**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): 5/23/16	TIME: 6:00 a.m.
LOCATION: Fire scene, 200 th Ave	TYPE OF VEHICLE (IF INVOLVED):
INJURY? (YES OR NO)	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 performing fire suppression on 2.5" hardline. Near the end of first air bottle became very light-headed. Was taken to on-site rehab and BP and pulse were elevated. Was transported to Mercy for evaluation.	
ENVIRONMENTAL FACTORS: None	
UNSAFE CONDITIONS: None	
ACTION TAKEN: None	

SAFETY COMMITTEE RECOMMENDATION (to be filled out by Committee): The Safety Committee did not have any recommendations. <i>(June 16, 2016)</i>
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