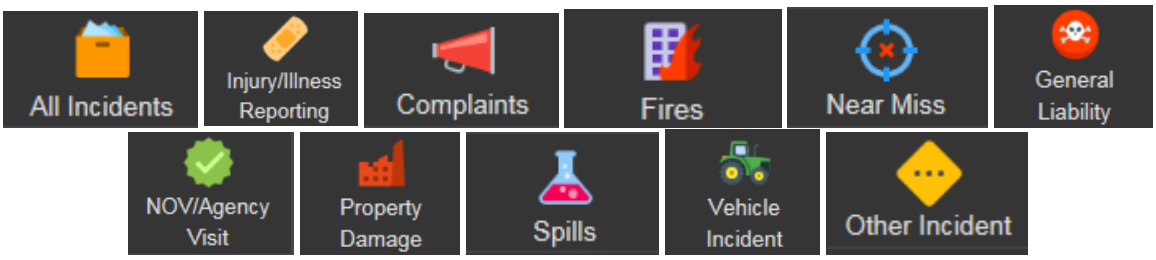
AIC Incident Management Suite



The AIC Incident Management Suite allows companies to track a variety of incident types across the organization: Complaints, Fires, General Liability, Injury and Illness Incidents, Near Misses, NOV (Notice of Violation) and Agency Visits, Other Incidents, Property Damage, Spills and Vehicle Incidents.

The Other Incident Module was designed toward the purpose of letting the end user determine the type of incident tracked. This can be any subject matter: Quality, Security, Maintenance, etc.

The Injury and Illness Incident Module provides organizations with one solution that meets both internal and regulatory reporting requirements. The AIC system produces the OSHA 301, 300, 300A reports and the Bureau of Labor Statistics survey in their exact format.

Organizations can also electronically submit Workers' Compensation claims to a Third Party Administrator or insurance company, eliminating duplicate data entry. Claim information such as Claim Number, Incurred and Paid costs, Case Status and Claim Notes can be received directly from the Third Party Administrator, allowing the AIC system to become the system of record for work related incidents. Electronic claim submission is also available for the Vehicle and General Liability Modules.

Several Accident Investigation methodologies are available for all of the Incident Modules (5-Why, Root Cause Analysis and Causal Factors), allowing users the option of using one or more methods.

Also common across all the Incident Management Modules, is the ability to attach files (photos and any supporting documentation), assign Corrective Actions, submit a record for Review and Approval to pre-defined individuals, and send Communication emails with reports directly from the incident record.

The Incident Management Suite sits on top of the AIC One Global Platform of Alerts, Reporting and Dashboard solutions, allowing organization's a wide range of options for notifying important stakeholders of events that have occurred, enforce business practices, and track both leading and lagging indicators company wide.

OSHA's Form 301

Injury and Illness Incident Report

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by: Adam Miller

Title: Front Office Clerk

Phone: (619) 994-2902 Ext. Date: 2/22/2017

Information about the employee

1) Full name: _____

2) Street: _____

City: _____ State: _____ ZIP: _____

3) Date of birth: _____

4) Date hired: _____

5) ☐ Male ☐ Female

Information about the physician or other health care professional

6) Name of physician or other health care professional: _____

7) If treatment was given away from the worksite, where was it given?

Facility: _____

Street: _____

City: _____ State: _____ ZIP: _____

8) Was employee treated in an emergency room?

☐ Yes ☑ No

9) Was employee hospitalized overnight as an in-patient?

☐ Yes ☑ No

Information about the case

10) Case number from the *Log*: 2017-010 *(Transfer the case number from the Log after you record the case.)*

11) Date of injury or illness: 2/22/2017

12) Time employee began work: _____

13) Time of event: 7:00 AM ☐ Check if time cannot be determined

14) ***What was the employee doing just before the incident occurred?*** Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

15) ***What happened?*** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

16) ***What was the injury or illness?*** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or sore." Examples:"strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

17) ***What object or substance directly harmed the employee?*** Examples: "concrete floor"; "chlorine"; "radial arm saw." *If this question does not apply to the incident, leave it blank.*

18) ***If the employee died, when did death occur?*** Date of death: _____

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistics, Room N- 3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

OSHA's Form 300

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 2016

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name: San Diego

City: San Diego State: CA

Identify the person			Describe the case			Classify the case (CHECK ONLY ONE box for each case based on the most serious outcome for that case)				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
(A) Case No.	(B) Employee's name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	(G) Death	(H) Days away from work	(I) Job transfer or restriction	(J) Other recordable cases	(K) Away from work	(L) On job transfer or restriction	(M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
2016-004	William Leroy Gaines	Shift Supervisor	01/12	Parking Structure	/ / / /	☐	☐	☐	☑	0 days	0 days	☑	☐	☐	☐	☐	☐
2016-005	HARRY MOYER	Shipping and Receiving Clerk	01/01	Left Wing Loading Dock	Tripped over lose debris while talking on the phone on the loading dock. When he fell to the ground he landed on his wrist and broke it.	☐	☑	☐	☐	4 days	81 days	☑	☐	☐	☐	☐	☐
2016-009	Shara T Caballero	Front Office Clerk	01/15		Hip/Leg/Knee / Left Side / Fracture / Poor Lighting /	☐	☐	☐	☑	0 days	0 days	☑	☐	☐	☐	☐	☐
2016-017	Shara T Caballero	Front Office Clerk	01/14	Women's bathroom (1st floor)	EE broke her back after she slip and fall on a puddle of water.	☐	☑	☐	☐	28 days	3 days	☑	☐	☐	☐	☐	☐
2016-020	Amy Dominguez	Titanium Extrusionist	01/29	Lab 619	chemical burn	☐	☑	☐	☐	1 days	0 days	☑	☐	☐	☐	☐	☐
2016-021	Amy Dominguez	Titanium Extrusionist	02/15		/ / / /	☐	☐	☐	☑	0 days	0 days	☑	☐	☐	☐	☐	☐
2016-024	John P Ingersoll	Shipping and Receiving Clerk	03/07		Wrist/Hand/Finger / / Laceration / /	☐	☐	☐	☑	0 days	0 days	☑	☐	☐	☐	☐	☐
2016-026	Dung T Tran	Guard	03/10		/ / / /	☐	☐	☐	☑	0 days	0 days	☑	☐	☐	☐	☐	☐
2016-027	Carolyn R Redmon	Quality Control Inspector	03/10		Wrist/Hand/Finger / Right Side / Laceration / Slippery Floors /	☐	☑	☐	☐	6 days	0 days	☑	☐	☐	☐	☐	☐
2016-036	Joe Nelson	Shift Supervisor	01/13	Roof of a home under construction	EE broke his left arm	☐	☑	☐	☐	82 days	0 days	☑	☐	☐	☐	☐	☐
					Page Totals ->	0	5	0	5	121	84	10	0	0	0	0	0

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.