

### **Coursework for occupational safety course**


All of our participants completed occupational safety training using the on-line OSHA 10 course or the OSHA 10 course provided by a certified contractor. In addition all participants were offered additional training in basic first aid and CPR. If participants completed these trainings, there is documentation to support it in their individual files.

### **Risk Management Plans**

Student and staff safety were handled in a variety of ways. General safety information can be found in both the Participant Guide, group safety training was also conducted and reinforced daily by staff. Included here are some additional forms and documentation to demonstrate risk management plans and procedures.

### **List of Industry Recognized Credentials**

YouthBuild Northwest offered the possibility of the following credentials: GED (General Educational Development certificate), NCCER (National Center for Construction Education and Research) or HBI PACT (Home Builders Institute Pre-Apprenticeship Certification Training). In addition participants were offered the possibility of obtaining an OSHA 10 card, first aid and CPR certification and HUD's on-line weatherization course.



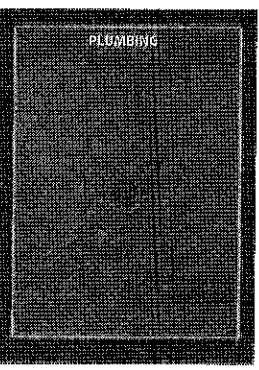
# CONSTRUCTION EDUCATION & TRAINING

31800 SHERMAN  
MADISON HEIGHTS  
MI 48071

248-298-3600

- HOME
- ABOUT
- GETTING STARTED
- COURSEWORK
- GET OUR NEWSLETTER
- AFFILIATIONS
- FIND US
- CONTACT US

- GENERAL INFO
- POLICIES/TERMS & COND
- APPLICATION
- SPECIALTY CLASSES
- CORE CURRICULUM
- ELECTRICAL
- CARPENTRY
- PLUMBING  HVAC
- LEVEL I LEVEL II
- LEVEL III LEVEL IV
- LEVEL I LEVEL II
- LEVEL III LEVEL VI
- LEVEL I LEVEL II
- LEVEL III LEVEL VI
- LEVEL I LEVEL II
- LEVEL III LEVEL VI



### Core Curriculum

The Core Curriculum provides an introduction to construction and maintenance skills for all crafts. Trainees progressing through an NCCER-accredited program must successfully complete the Core Curriculum in order to receive Level One Craft Competition Certificates.

**72.5 Hours - Standardized**

**00101-04 Basic Safety (15 Hours)**

Explains the safety obligations of workers, supervisors, and managers to ensure a safe workplace. Discusses the causes and results of accidents and the dangers of rationalizing risk. Reviews the role of company policies and OSAH regulations. Introduces common job-site hazards and protections.

**00102-04 Introduction to Construction Math (15 Hours)**

Reviews basic mathematical functions such as adding, subtracting, dividing, and multiplying whole numbers, fractions, and decimals, and explains their applications to the construction trades. Explains decimal-fraction conversions and the metric system using practical examples. Also reviews basic geometry as applied to common shapes and forms.

**00103-04 Introduction to Hand Tools (10 Hours)**

Introduces trainees to hand tools that are widely used in the construction industry, such as hammers, saws, levels, pullers, vises, and clamps. Explains the specific applications of each tool and shows how to use them properly. Also discusses important safety and maintenance issues related to hand tools.

**00104-04 Introduction to Power Tools (5 Hours)**

Provides detailed descriptions of commonly used power tools such as drills, saws, grinders, and sanders. Reviews applications, proper use, safety, and maintenance. Many illustrations show power tools used in on-the-job settings.

**00105-04 Introduction to Blueprints (7.5 Hours)**

Familiarizes trainees with the basic blueprint terms, components, and symbols. Explains the different types of blueprint drawings (civil, architectural, structural, mechanical, plumbing/piping, and electrical) and instructs trainees on how to interpret and use drawing dimensions. Two oversized drawings are included.

**00106-04 Basic Rigging (20 Elective Hours)**

Explains how ropes, chains, hoists, loaders, and cranes are used to move material and equipment from one location to another on a job site. Describes inspection techniques and load-handling safety practices. Also reviews American National Standards Institute (ANSI) hand signals.

**00107-04 Basic Communication Skills (5 Elective Hours)**

Provides trainees with techniques for communicating effectively with co-workers and supervisors. Includes practical examples that emphasize the importance of verbal and written information and

instructions on the job. Also discussed effective telephone and e-mail communication skills.

**00108-04 Basic Employability Skills (15 Elective Hours)**

Identifies the roles of individuals and companies in the construction industry. Introduces trainees to critical thinking and problem solving skills and computer systems and their industry applications. Also review effective relationship skills, effective self-presentation, and key workplace issues such as sexual harassment, stress, and substance abuse.

[Home](#) | [About Us](#) | [Get Started](#) | [Coursework](#) | [Newsletter](#) | [Affiliations](#) | [Find Us](#) | [Contact Us](#)  
[Core Curriculum](#) | [Electrical](#) | [Plumbing](#) | [HVAC](#) | [Carpentry](#)

31800 Sherman | Madison Heights | MI, 48071 | Phone: 248-298-3600 - Fax: 248-298-3606

All images and information copyright © 2009 Construction Education Trust Slick & Bubba's or the respective holder.



Web Site Design by Slick & Bubba's

# Home Builders Institute

---

## PACT (Pre-Apprenticeship Certification Training)

### **ABOUT THE TRAINING:**

Home Builders Institute, the workforce development arm of the 235,000-member National Association of Home Builders (NAHB), promotes the home building industry as a career and helps address its workforce needs through programs and resources, including trades training and job placement. HBI, YouthBuild, and US DOL have teamed up to offer thousands of America's low income youth access to industry-sponsored vocational training and the opportunity to build a career in the home building industry. HBI has updated its Pre-Apprenticeship Certification Training (PACT) curriculum to reflect the new ways of green building and skills needed by the residential construction workforce.

Following are some of the features making PACT a uniquely effective training tool:

- Home building industry-validated construction curriculum.
- Skill Achievement Records (SARs) track competencies in eight trades: carpentry, electrical, plumbing, brick masonry, landscaping, facilities, maintenance, painting and weatherization.
- Skills are easily identified as aligned to the ICC-700 2008 National Green Building Standard™, the residential construction industry's rating system approved by the American National Standards Institute (ANSI).
- Features techniques and practices based on the NAHB Model Green Home Building Guidelines.
- Learning which is easily tailored to typical home building projects such as modular construction, remodeling, or new construction for local community groups, Habitat for Humanity, community development, other non-profit developers, and public housing.
- Graduates earn an industry recognized Pre-Apprenticeship Certificate.
- Programs also have the option to offer a green PACT designation.
- Certificates for PACT graduates are available through a Web-based application process.
- PACT is appropriate for use in teaching special populations, including academically-challenged individuals.
- Contextual learning covering the trades plus safety, construction math, tool and material identification. PACT includes the theory and practice of home building, with a healthy focus on safety and relies on the time-honored apprenticeship approach for learning craft skills, combining classroom and hands-on training on the job site.



- Each PACT unit is composed of clear sections designed to provide ease of navigation throughout the curriculum.

**Overview** — Introduces the unit and outlines activities, skills, and knowledge participants will acquire.

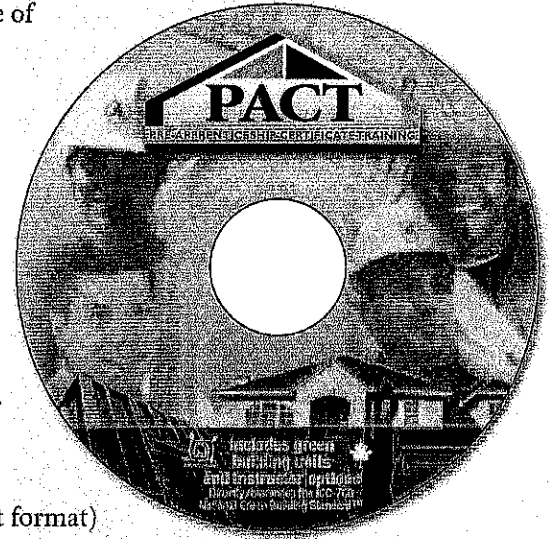
**Vocabulary** — Lists important trade-related terms for each unit.

**Suggested Activities** — Lists activities to introduce, demonstrate, and practice the skills in the unit; also provides a starting point for instructors to develop their own lesson plans.

**Skill Achievement Record (SAR)** — A standardized record to evaluate progress and skill mastery.

**Resources** — A listing of web sites, publications, and organizations for more unit-specific information.

- PACT curriculum and supplemental instructional materials on a CD. All PACT units are available in Acrobat PDF (portable document format) for future reproduction by PACT-certified instructors and managers.



Several supplemental curriculums have been added to the PACT CD. These materials are helpful in diagnosing student learning needs, teaching fundamental skills, complementary lesson/class activities, or as stand-alone exercises. They include:

**NAHB Model Green Home Building Guidelines** — A series of methods, techniques and principles related to green building products and practices for residential design, development and construction.

**The Green Home Guide and Green Report Instructional Videos** — These NAHB Green sponsored videos provide critical green information for both the builder and consumer.

**PACTMath** — A workplace math supplement designed for the construction industry.

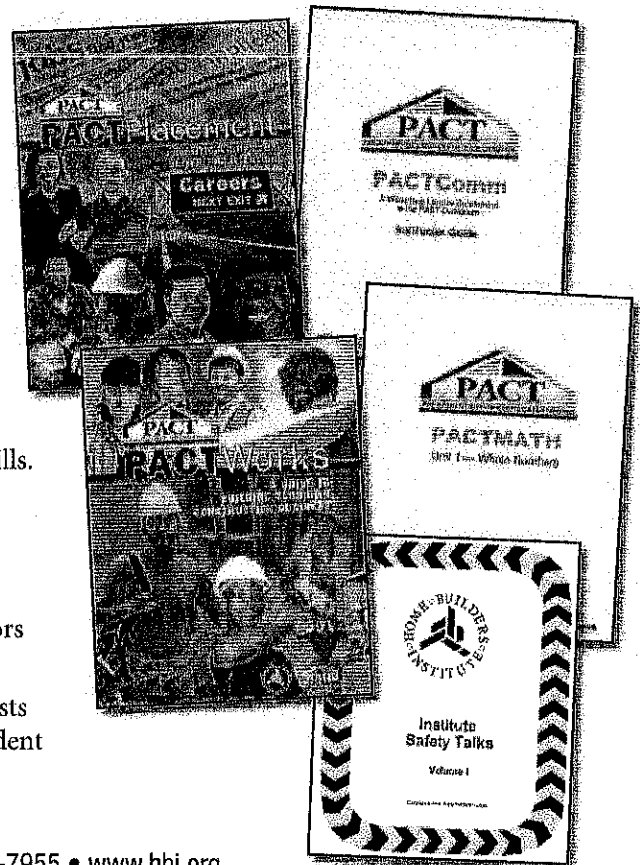
**PACTComm** — A comprehensive workplace literacy supplement designed to teach and enhance communication skills.

**HBI Safety Talks** — A comprehensive series of safety briefs on construction tools and activities with accompanying tests.

**PACTWorks** — A student entrepreneurial guide.

**PACTPlacement** — A guide to help practitioners and instructors place students in industry employment.

**Additional Assessment Tools and Tests** — Several tools and tests such as MyPEP (My Personal Employability Plan) enhance student preparedness.



**Home Builders Institute (HBI)**

1201 15th St. NW, Sixth Floor, Washington, DC 20005 • Phone: 800-795-7955 • www.hbi.org



## Participant Safety Training Checklist - General Worksite Safety

Worksite # \_\_\_\_\_ Worksite Name \_\_\_\_\_

Participant Name \_\_\_\_\_

(Please Print)

The above youth has received safety training for the following:

Category (indicate NA if not applicable)	Received Training Participant Initials	Date of Training
<b>Physical</b>		
Lifting	_____	_____
Heat exhaustion	_____	_____
<b>Equipment</b>		
Use of hand tools	_____	_____
Use of power tools	} Not allowed if under 18 No saws for any age	_____
Use of ladder		_____
Appropriate clothing	_____	_____
Eye protection	_____	_____
Foot protection	_____	_____
Hard hat	_____	_____
Hearing protection	_____	_____
Mowing	_____	_____
Scaffolding	_____	_____
<b>Policies and/or Procedures</b>		
Fire	_____	_____
Weather	_____	_____
First aid	_____	_____
Chemical use & storage	_____	_____
Flammable materials	_____	_____
Horseplay (examples provided)	_____	_____
Vehicle	_____	_____

Other: \_\_\_\_\_

\_\_\_\_\_  
Signature and Title of Safety Trainer

\_\_\_\_\_  
Participant Signature

Date \_\_\_\_\_



# YouthBuild Northwest Construction Trades

## Acknowledgement of Safety Instruction & Pledge

I have received safety instructions regarding the operation of the following power driven equipment. I fully understand the importance of these rules and regulations and I am fully aware that the violation of any of them may endanger others and myself.

My instructor has demonstrated to me the proper methods of using each piece of equipment listed below and has pointed out the safety precautions necessary to avoid injury.

I have demonstrated my ability to use each piece of equipment listed below in the presence of my instructor. I understand the safety precautions involved and understand how to ensure my safety through the proper use of the equipment. I am confident that I can operate this equipment safely. When in doubt about the operation of any equipment, I will consult the instructor before proceeding.

(Name of each piece of equipment to be written in by the student only after he/she has passed the safety tests and demonstrated his/her ability to use it.)

	Name of Equipment	Date	Student's Signature	Instructor's Initials	Test Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

I have passed the tests covering safety in the shop and use of the above listed equipment. I promise to observe the safety instructions and to follow the instructions given in the demonstration. I may use this equipment only after I have been properly instructed in their safe use and have the approval of the instructor. I understand that the use of equipment in this shop and on the build site is voluntary on my part.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

# Leadership /Development Daily/Weekly Work Report

Project Name/Task Overview \_\_\_\_\_ Name/Date \_\_\_\_\_

Materials Required . . .

Tool/Job Safety Talk

Team Members

Quality Assurance Measures

Tool Care and Cleanup

Green Build Features and Outcome



## List of Medical Facilities by County – Last updated 7/6/09

(Additional counties and facilities on reverse side of this form)

If any member of your crew experiences a **medical emergency**, immediately call 911. A medical emergency would include risk to life or limb, loss of consciousness, potential broken bones where moving the person could create additional injuries, profuse bleeding, etc. If the injury or illness is not an emergency but requires medical evaluation, choose the facility listed as “**First preference**” if one exists within a reasonable driving distance.

**Please check the box of the facility used.**

### Antrim

- No hospitals or walk in facilities. Use nearest available.
- Ironmen Health Center**, 205 Grove St., **Mancelona**, MI 49659 231-587-9840  
The clinic is actually part of the Health Dept. It only serves young adults who are **not yet 22 years old**. There is a nurse practitioner on duty M-F, 8 a.m. - 5 p.m. For serious injuries, go to the nearest hospital.

### Benzie

- Paul Oliver Memorial Hospital**, 224 Park Ave, **Frankfort**, MI 49635 231-352-2200
- Crystal Lake Health Center**, 6227 Frankfort Hwy (M-115), **Benzonia**, MI 49616 231-882-9661  
M-F, 8 a.m. - 6 p.m., Sat, 9 a.m. - 1 p.m.
- Crystal Lake Health Center** 826 Forest Ave, **Frankfort**, MI 49635 231-352-5285  
M-F, 8 a.m. - 5 p.m.

### Charlevoix

- Quick Care Boyne City**, 1249 S M 75, **Boyne City**, MI 49712 231-582-1515  
M-F, 8 a.m. - 6 p.m., Sat and Sun, 9 a.m. - 4 p.m.
- Charlevoix Area Hospital**, 14700 Lake Shore Drive, **Charlevoix**, MI 49720 231-547-4024

### Emmet

- Petoskey Urgent Care**, 1890 US 131, **Petoskey**, MI 49770 231-487-2000  
(**First preference** for non-emergency treatment) M-F, 8 a.m. - 6 p.m., Sat and Sun, 9 a.m. - 3 p.m.
- Little Traverse Primary Care**, 7700 S. US 31, **Alanson**, MI 49706 231-548-1333  
M, 8:30 a.m. - 6 p.m., T, 8:30 a.m. - 5 p.m., W, 8 a.m. - 12 p.m., TH, 8:30 a.m. - 5 p.m., F, 9 a.m. - 5 p.m.
- Little Traverse Primary Care**, 8881 M-119, **Harbor Springs**, MI 49740 231-347-5400  
M-TH, 8:00 a.m. - 7:00 p.m. Fri, 8:00 a.m. - 5:00 p.m., Sat 9:00 a.m. - 12:00 p.m.
- Quick Care Medical Center**, 116 W Mitchell St, **Petoskey**, MI 49770 231-348-2828  
M-F, 8 a.m. - 6 p.m., Sat, 9 a.m. - 4 p.m.
- Northern MI Hospital**, 416 Connable Ave, **Petoskey**, MI 49770 231-487-4000

### Grand Traverse

- Occupational Health & Medicine Program** 550 Munson Ave, **Traverse City**, 49686  
(First preference for non-emergency treatment) Call for availability. Open M – F 231-935-8590
- Urgent Care**, 550 Munson Avenue, **Traverse City**, 49686  
Open 7 days a week, 7 a.m. - 10 p.m. 231-935-8712
- Munson Hospital Emergency Room** 1105 6<sup>th</sup> Street, **Traverse City**, 49684  
Used only for medical emergencies that require immediate attention 231-935-6333
- Crystal Lake Health Center** 1975 Stirling Drive, **Interlochen**, MI 49645 231-275-7965  
M-F, 8 a.m. - 5 p.m., Sat, 9 a.m. - 1 p.m.

### Kalkaska

- Kalkaska Memorial Hospital**, 419 Coral Street, **Kalkaska**, MI 49646 231-258-7500

### Leelanau

- No hospitals or walk in facilities. Use nearest available.

### Manistee

- West Shore Medical Center**, 1465 E. Parkdale Ave, **Manistee**, MI 49660 231-398-1000
- Crystal Lake Health Center**, 8225 Lake Street (US-31) **Bear Lake**, MI 49614 231-864-3314  
M-F, 8 a.m. – 5 p.m.

### Missaukee

- No hospitals or walk in facilities. Use nearest available.

### Wexford

- Cadillac Occupational Health** 7985 Mackinaw Trail, Suite B, **Cadillac**, 49601  
(First preference for non-emergency treatment) Call for availability. M – F, 8 to 4:30 231-779-5224
- Cadillac Walk In Clinic**, 400 Hobart St, **Cadillac**, MI 49601 231-775-8814  
M-F, 3 p.m. - 11 p.m., Sat and Sun, noon to midnight
- Mercy Hospital**, 400 Hobart St, **Cadillac**, MI 49601 231-876-7200



**EMPLOYEE REPORT OF INJURY MIOSHA Case Log # \_\_\_\_\_**

(replaces MIOSHA Form 301) - Revised 5/22/09

**SECTION 1 – Employee Information**

Injured Employee \_\_\_\_\_  
(last name) (first name) (m.i.)

Address \_\_\_\_\_  
(street and #) (city) (state) (zip code)

Home Phone # \_\_\_\_\_ Date of Hire \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M or F Number of Dependents \_\_\_\_\_

Tax Filing Status: Single Single, Head of Household Married, Filing Joint Married, Filing Separate  
(circle one)

**SECTION 2 – Injury Information**

Date of Injury \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Injury \_\_\_\_\_ a.m. or p.m.  
(month) (day) (year)

Exact location injury took place (include city, county, worksite name and address, & location at worksite)

Did injury require basic first aid only (such as application of ointment, band-aid, etc.)? Yes No  
If yes, please describe \_\_\_\_\_

Was outside medical attention required? Yes No **If yes, check the box on the attached page which indicates where the employee received medical treatment and complete information below:**

Physician/Health Care Provider's Name and Phone # \_\_\_\_\_

Who signed authorization for treatment? \_\_\_\_\_  
(name) (title)

Was employee paid for his/her entire shift on the day of injury? Yes or No

What time did the shift begin? \_\_\_\_\_ What time was the shift scheduled to end? \_\_\_\_\_

Was time off required because of injury? Yes No If yes, how much time? \_\_\_\_\_

Was employee hospitalized over night as an in patient? Yes No

What was the last date worked? \_\_\_\_\_ Date returned to work \_\_\_\_\_

If unable to return, estimate amount of time to be lost from work \_\_\_\_\_

**PLEASE COMPLETE REMAINING INFORMATION ON PAGE 2 OF THIS FORM**

How did injury occur? (Be sure to give complete details including **activities just prior to and at time of injury**, others involved, equipment involved, location, any safety equipment being used, etc.)

---

---

---

Describe the actual injury. Include specific part(s) of body affected (e.g. right middle finger, left knee, etc.), nature and severity of the injury.

---

---

---

If applicable, describe the object or substance that directly harmed the employee (e.g., concrete floor, pallet jack, etc.)

---

---

Please list any witnesses, including phone numbers, who were present and observed injury occurring.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

How could this type of injury be prevented in the future?

---

---

---

If the employee died, provide date of death \_\_\_\_\_

Employee's Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

Printed Name, Signature and Title of Supervisor completing form

---

Date submitted to Michigan WORKS! Youth Support Office \_\_\_\_\_

**To Be Completed by NW MichWORKS! Youth Support Office Staff**

Employee's SS# \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Average Hours Worked Per Week \_\_\_\_\_ Date Reported to COG \_\_\_\_\_



### Employee Accident Reporting Procedures

1. All work related injuries, accidents and/or illnesses must be reported on **the Employee's Report of Injury Form**.
2. Forms must be completed by the employee's manager/supervisor, not the employee.
3. The employee and the manager/supervisor completing the form must both sign.
4. The manager/supervisor needs to ensure all available information is included, legible, specific and coherent.
5. If witnesses are available, ask them to write down, or write down for them, their written accounts of what they observed and have them sign it.
6. All reported workplace accidents, injuries and illnesses that result in basic first aid or medical treatment must be **immediately** faxed in to Kim Gribi or Don Harrison at 231-922-6325. If a fax machine is not accessible, reports need to be phoned in to Kim or Don at 231-922-6240. (Kim or Don will notify the appropriate Youth Advisor). When in doubt, it is better to over report than under report. If medical treatment is sought, it may be possible to ask the medical care facility to use their fax machine. Accident reports must be communicated within 24 hours of the event.
7. Prior to leaving the medical care facility, be sure to provide the provider with the **Order for Medical Examination and First Aid Form**. This form provides the medical care provider with worker comp insurance carrier information and ensures that proper billing takes place.
8. Also, prior to leaving the medical care facility, be sure you have a copy of the patient instructions provided by the health care provider (often titled something like **Evaluation of Work Related Injury**) so we are aware of any restrictions, medications and/or follow up treatment or return visits ordered for the employee. If the employee is released with restrictions, do not have him/her return to work until the situation has been reviewed by either Kim or Don.
9. Once the injury/accident/illness has been faxed or called in, keep a confidential copy of all related paperwork in your portable file. The original **Employee's Report of Injury Form**, any **witness statements**, a copy of the **Order for Medical Examination and First Aid Form**, and the **Evaluation of Work Related Injury** (or whatever it is called) should be mailed to NW MichiganWORKS! Youth Support Office at the address listed below.
10. It is critical to adhere to any restrictions written by the treating health care provider.
11. If the accident or injury was preventable, be sure to use it as a learning opportunity with the work crew. If it happened once, it could happen again.

**890 Parsons Road** • Traverse City, Michigan 49686 • **PHONE (231) 922-6240** • **FAX (231) 922-6325**  
**Northwest Michigan** • Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee,  
Missaukee & Wexford Counties



**Brief Overview of How Worker Compensation Benefits Work**

1. Any time you (as a supervisor) refer an employee to a medical care facility due to an injury or illness that may be work related, the worker compensation insurance will always pay for the initial doctor visit. If the treating physician determines that the injury/illness is not related to work, any further treatment will be the responsibility of the employee.
2. Once an injury or illness has been determined to be work-related, workers' compensation insurance will pay for all medical care needs related to the injury or illness. This includes doctor bills, prescribed medical appliances, prescribed medications, etc.
3. If one of your employees is injured or ill, it is likely work related, and you have authorized them to receive medical treatment, **please pay them for the entire day of work** eight (8) hours, even if they do not return to work for the remainder of the shift. Do not pay them for the entire shift if they leave early for non work related reasons, including personal illness.
4. In order to receive worker compensation **pay** benefits, the injured or ill employee must be off of work for a work related injury or illness for seven (7) calendar days, not counting the date of injury or illness. The pay is based on a formula and will come directly from the workers compensation insurance carrier. The pay **begins on the 8<sup>th</sup> day** going forward.
5. If the employee remains off of work as instructed by the medical care provider for **14 or more days**, then the worker comp carrier will also go back to the original date of injury or illness and **pay benefits for that first week retro-actively**.
6. If the medical care provider does not require the injured/ill employee to return for a follow-up visit prior to returning to work, you still cannot allow the employee to return to work prior to the return-to-work date provided by the provider.
7. If a follow up visit is required, the employee must continue to provide us with any doctor's orders received and must provide us with a release to work form before being allowed back on the job.

232 S. Capitol Avenue  
P.O. Box 40790  
Lansing, MI 48901-7990  
www.accidentfund.com



## Order for Medical Examination and First Aid

(Note to Worksite Supervisor: To be used for work experience participants on payroll through PIC)

Name of doctor or facility \_\_\_\_\_ Date \_\_\_\_\_

Please examine and render such first aid as necessary to care for a potential workplace injury/illness sustained by:

\_\_\_\_\_  
(Name of Employee)

While in our employ on \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m.

Nature of injury/illness \_\_\_\_\_

**Our liability for subsequent treatment is governed solely by the provisions of the Workers' Disability Compensation Act**

Signed \_\_\_\_\_

Person Authorized to Sign for Treatment

\_\_\_\_\_  
Printed Name of Authorized Signer

\_\_\_\_\_  
Name of Company/Organization

## Worker Compensation Employer Information

**Northwest Michigan Council of Governments**

P.O. Box 506

Traverse City, MI 49685

**Worker Comp Policy Number:** 6009702

**Billing Contact:** Mary Watson Clark 231-929-5050

The worker you are treating today is temporarily employed in a work experience program through the NW Michigan Council of Governments. He/she has been assigned to work at the worksite of the company listed above. For billing and other purposes, please note that the NW Michigan Council of Governments is the **Employer of Record** and the **Accident Fund is the workers' compensation carrier.**



**Accident Fund**  
INSURANCE COMPANY OF AMERICA

232 S. Capitol Avenue  
P.O. Box 40790  
Lansing, MI 48901-7990

## Order for Medical Examination and First Aid

Name of doctor or facility \_\_\_\_\_ Date \_\_\_\_\_

Please examine and render such first aid as necessary to care for injury sustained by

\_\_\_\_\_  
Name of employee

While in our employ on \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m.  
Date Time

Nature of injury \_\_\_\_\_

Signed \_\_\_\_\_  
Authorized Rep.

**Our liability for subsequent treatment is governed solely by the provisions of the Workers' Disability Compensation Act.**

\_\_\_\_\_  
Name of Company

Phone \_\_\_\_\_

### Worker Compensation Employer Information

**Northwest Michigan Council of Governments**  
P.O. Box 506  
Traverse City, MI 49685

**Worker Comp Policy Number: 6009702**

**Billing Contact: Mary Watson Clark 231-922-6953**

#### **IMPORTANT BILLING INFORMATION**

The worker you are treating today is temporarily employed by the Northwest Michigan Council of Governments in a work experience program. He/she has been assigned to work at the worksite of the company listed above. For billing and all other purposes, **please treat Northwest Michigan Council of Governments as the Employer of Record.**



# 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.



Form approved OSHA no. 1914-0178

### Information about the employee

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 3 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.

- 1) Full name \_\_\_\_\_
- 2) Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
- 3) Date of birth \_\_\_\_\_
- 4) Date hired \_\_\_\_\_
- 5)  Male  
 Female
- 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
- 10) Case number from the Log \_\_\_\_\_ (Transfer the case number from the Log after you receive the first.)
- 11) Date of injury or illness \_\_\_\_\_
- 12) Time employee began work \_\_\_\_\_ AM / PM
- 13) Time of event: \_\_\_\_\_ AM / PM  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. Example: "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. Example: "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 \_\_\_\_\_

Completed by \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_ Date \_\_\_\_\_

Public reporting burden for this collection of information is estimated to average 29 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 certain valid OSHA control number. If you have any comments about this estimate or any other aspect of this data collection, including suggestions for reducing this burden, contact: U.S. Department of Labor, OSHA Office of Statistics, Room N-5041, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

**Youth/Build Grantees:** Return this completed form within seven days of any reportable injury to Anne Stom, U.S. Department of Labor, 200 Constitution Avenue N.W., Room N-4511, Washington, D.C. 20210.

Reportable injuries include those that result in death, days away from work, restricted work or transfer to another job, medical treatment beyond first aid, or loss of consciousness.

## **FIRE PROCEDURE**

**Turn lights off.**

- 1. Take attendance sheet.**
- 2. Leave door closed and unlocked.**
- 3. Exit building using closest exit and proceed to the perimeter of the property.**
- 4. Take attendance.**
- 5. Wait for "All clear!" from authorities.**

## **TORNADO PROCEDURE**

- 1. Close windows.**
- 2. Evacuate to hallway.**
- 3. Trainees should face wall and sit, away from glass.**
- 4. Wait for "All clear!" from authorities.**