

**INCIDENT Summary (not for injuries) –**

Employees involved in an incident that does NOT include any injuries with any company property, such as a vehicle, equipment, semi-truck, client property, Fabiano property, technology, etc., must immediately contact their supervisor and complete Fabiano Brothers INCIDENT Report Form immediately.

Following an incident, the employee's supervisor, in consultation with the operations director and human resources, plays a crucial role in guiding the employee on the next steps. It's important to note that all incidents require pictures of the incident where appropriate.

In the event of an incident, the involved employee must immediately notify their direct supervisor. However, if emergency services, such as police, are required, it is also necessary to contact human resources in addition to their supervisor.

The employee takes pictures of the vehicle, equipment, property, etc., involved in the incident and includes them in their report.

After an incident, it's the responsibility of the involved employee to complete the INCIDENT Report Form accurately and promptly. This form should then be submitted to their supervisor. It's important to note that supervisors do not complete the employee incident reports. Any incomplete or incorrect reports will be returned to the employee for correction.

If you need assistance handling the situation, do not hesitate to contact your direct supervisor or human resources. The number for human resources is 989-621-4819. If calling using voice and there is no answer, leave a message or send a text.

**INJURY Summary (not for incidents involving any equipment or property) –**

Employees who sustain a work-related injury must immediately notify their supervisor and HR. The injured employee must immediately complete the company's Injury Report. Human Resources must approve treatment at an approved clinic if your injury requires medical treatment that is not an emergency. If an emergency, dial 911.

After all injuries requiring medical treatment, employees cannot return to work without human resources' approval.

Contact your supervisor or human resources if you are unsure how to handle the situation. The number for human resources is 989-621-4819. If calling using voice and there is no answer, leave a message or send a text.

To access the INCIDENT or the INJURY reports online, scan the QR code or go to -

<https://humanresources.fabianobrothers.com/hc/en-us/sections/16451416275739-Employee-Forms>

For questions or concerns, please contact Wendy Yelsik at 989-621-4819 or wylesik@fabianobrothers.com

More information regarding incident on: _____ involved person: _____

WERE THE POLICE INVOLVED? YES (PROVIDE COPY OF TICKET OR ANY INFORMATION THEY GAVE YOU)

NO (Police not called)

UPLOAD INFORMATION SUCH AS POLICE REPORT OR PICTURES-

Diagram of Incident:

DRAW A DIAGRAM OF THE INCIDENT. YOU CAN TAKE A PICTURE OF THE DIAGRAM AFTER COMPLETING IT AND EMAIL TO HR4U@FABIANOBROTHERS.COM. IT WILL BE MATCHED UP TO THIS INCIDENT REPORT.

Management reviews and approves Incident Reports. If you don't complete the report correctly, it will be returned to you to correct or recomplete it.

16. Employee* Signature and Date: _____

After HR Review, proper disciplinary action will be taken (if applicable). If this accident/incident resulted in a Near Miss (as determined by department head) no disciplinary action will be taken).

1. Incident Date: _____ **2. Involved person:** _____ <https://fabswprogram.fillout.com/fabsiir>

3. Time of Incident: _____ **4. Date, Time, & Method you were notified of Incident:** _____



Instructions for Supervisor- Once notified of an incident (not an injury), initiate this report with the employee as soon as possible, but no later than 24 hours after notification. Speak to the involved employee to complete this report. The employee must complete the “Incident Report Form” BEFORE the supervisor report is completed. Submit both the employee incident report and supervisor incident report to HR within 48 hours of discovering the incident. Note: **Only include facts about the incident.**

5. Describe the incident that took place according to the employee. Include WHAT, WHEN, WHERE, and HOW the incident happened. Be sure to include the company vehicle number, truck number, and trailer number if applicable, or submit a picture of the registration card.

Check if continued on back ()

6. How could this incident have been prevented?

7. WHY did this incident happen?

8. Incident resulted in (check all that apply): Property Damage (Client or Fabiano) Vehicle Damage
 Inventory Damage Technology Damage

9. What is the estimated amount of damage repair?

10. Was there a police report completed: YES (list which police) _____ NO

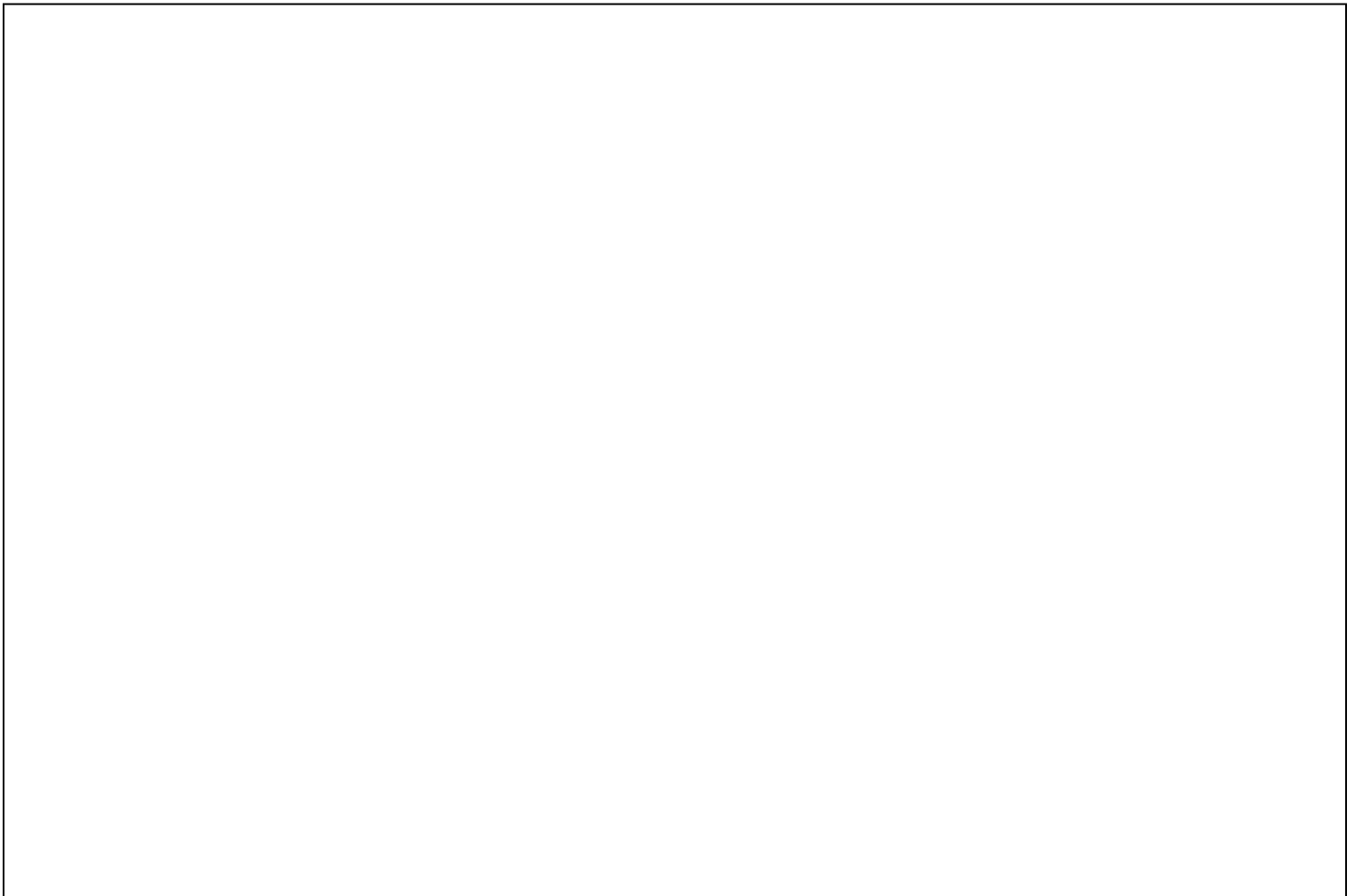
11. Pictures are required. Include them with this report and email to your supervisor and hr4u@fabianobrothers.com.

12. Supervisor Comments: Incident was a Near Miss OR not caused by employee (subject to approval by department head and HR)
 Incident was caused by employee above. Discipline will be determined by the department head and the HR Director within 48 hours.

13. Supervisor Signature and Date submitted to HR: _____

More information regarding incident on: _____ **Involved Employee:** _____

Diagram of Incident:

A large, empty rectangular box with a thin black border, intended for drawing a diagram of the incident. The box is currently blank.

INJURY REPORT

Revision date: 061224

Date of Injury: _____

Date of Report: _____

Employees use this form to report ALL work-related injuries or “near miss” events (which could have caused an injury) IMMEDIATELY— *no matter how minor*. Report injuries no later than the end of the shift the injury occurred to your Supervisor!

Complete online— point your device camera at QR code and complete the ONLINE Injury form.



Double sided form— ALL Questions MUST be Answered. Any medical treatment must be approved by the Human Resource Department unless 911. Employees need HR approval to return to work after medical treatment.

1. INJURY DATE:

2. Office: Bay City Detroit Petoskey Wisconsin

3. Printed Name:

4. Job Title:

5. Your Supervisor:

6. Did you report injury to your supervisor? Yes No- why?

7. Time you began work:

A.M. P.M.

8. Injury Time:

A.M. P.M. Cannot Determine

9. Any Witnesses? No Yes, list names :

10. Where were you when the injury happened? if a driver, what type of truck and truck number were you driving the day of the injury. If incident happened outside of the warehouse, list the name of the client site or location. If in the warehouse list the aisle.

11. How did it happen? Explain being as accurate as possible, including warehouse aisle number, product working with, route number, truck or trailer number, client site, etc. Use back side for more space.

12. What is the nature of the Injury including body part(s) involved? Have you ever had previous problems to the body part(s) you identified above? Be specific (i.e., right arm, left leg, etc.)

13. Was there a specific machine, tool, product, or object that contributed to your injury? No Yes, explain-

14. Did you or will you receive medical treatment beyond first aid? No, why? Yes, when? Where?-

15. Have you had a prior incident similar to the one you are reporting? If yes, explain.

Date of Injury: _____

Date of Report: _____

16. What action or behavior of yours contributed to your injury? Were you moving too fast? Were you lifting unsafely? Were you unaware of your surroundings? Etc.

17. What could you have done to avoid this injury? "nothing is not an option"

18. Employee Return to Work Checklist. If you have an on-the-job injury or illness, Company policy requires you to:

- Report the incident to your supervisor immediately (same day of incident).
- Do not perform any activity which is not following job-related restrictions, both on and off the job. If you feel the tasks have been assigned which violate these restrictions, you should immediately inform your supervisor or HR. Failure to adhere to any work-related medical restriction may result in disciplinary action.
- Seek appropriate medical care (if any) at the company's approved occupational clinic.
- Complete the Injury Form entirely.
- Obtain the physician's statement regarding your return to work; report to your supervisor and HR.
- Report any changes to your restrictions to your supervisor and HR immediately, within 24 hours.
- Follow the doctor's treatment plan and restrictions, if any.
- Attend all medical appointments and report any changes in your health status to your supervisor.
- Communicate with individuals involved in the rehabilitation process (workers compensation claim adjuster, employer, supervisor, etc.).
- Limit time away from work by scheduling appointments and therapy outside of work whenever possible.
- Time away from work must be certified in writing with a physician status report or information from the doctor.
- Cooperate fully with return to work efforts and work with your physician, workers compensation, and Fabiano Brothers to come back to work on a transitional basis as soon as safely possible.
- Obtain a full duty release from the physician when medically able to return to your full work duties.
- Once returned to work without restrictions by the physician immediately, contact HR at 989-621-4819. You will be required to return

Management reviews and approves Injury Reports. If you don't complete the report correctly, it will be returned to you to correct or recomplete it.

19. REQUIRED SIGNATURES: Medical Release Authorization from injured employee: This and other medical information relating to my above-dated injury is confidential. I agree to the release of medical information associated with this injury to Fabiano Brothers and their insurance carrier.

NOTE: Notify your supervisor each day you are absent unless it is understood, and in writing, you will be absent for a specific number of days. Failure to report your absences will lead to disciplinary action. I read the Return to Work Checklist in #18.

X Employee Signature: _____ Date: _____ Phone: _____

**WORK-RELATED INJURY
SUPERVISOR'S INJURY INVESTIGATION REPORT
(SIIR-6/12/24)**



SUPERVISORS COMPLETE THIS REPORT AFTER WORK RELATED INJURY.
SUBMIT TO HR WITHIN TWO (2) DAYS OF INJURY. Page 1 of 2

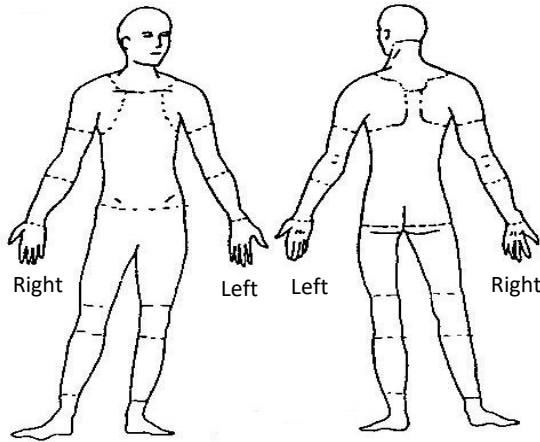
Complete online
scan QR Code

Injured Employee: _____ **Department** _____

Date/Time of injury: _____ **Date & Time YOU were notified of Injury:** _____

Part of body affected: (list/shade all that apply)

List Body Part _____



Shade Above:

Nature of injury:

- Abrasion, scrapes
- Broken bone
- Bruise
- Burn
- Concussion (to the head)
- Crushing Injury
- Cut, laceration, puncture
- Sprain, strain
- Other _____

Where did the injury happen?

- Warehouse (specific isle/area)
- Customer Site
- Company Vehicle Number: _____
- Outdoors (explain)
- Other (explain)

Names of witnesses (if any):

If witnesses, date you took their statements

Witness Statement on attached sheets:

Type of Equipment / Product / Machinery involved?

Describe the injury facts (no opinions) and the events leading to the injury. What was the employee doing? Include names of any equipment, objects, tools, products, and other important details.

Description continued on attached sheets:

Unsafe acts by people:

- Unsafe lifting
- Taking an unsafe position or posture
- Distraction, teasing, horseplay
- Failure to wear personal protective equipment
- Failure to use good judgment (carelessness)

(Check all that apply)

- Operating without permission
- Operating at unsafe speed
- Making a safety device inoperative
- Using defective equipment
- Using equipment in an unapproved way
- Other: _____

**WORK-RELATED INJURY
SUPERVISOR'S INJURY INVESTIGATION REPORT**

SUPERVISORS COMPLETE THIS REPORT AFTER WORK RELATED INJURY. SUBMIT TO HR WITHIN TWO (2) DAYS OF INJURY.

Did employee require medical treatment?

Yes: When and Where was treatment given (attach copy of authorization)- _____

No: Explain why treatment was not needed- _____

If no treatment was needed, you must check with the employee within 24 hours of the injury to ensure treatment is not needed. List the date, time, and remarks of your follow-up with the employee.

Did you discuss this injury with the employee? (Explain Below) No (why not?) Yes - Date _____

Remarks:

Was there a: () Safety Rule Violation (explain if yes)- () Other Violation (explain)-	Findings / Comments (facts only, no opinions)
--	--

How can this type of incident be prevented in the future?

SUPERVISOR'S REMARKS

SUPERVISOR'S SIGNATURE & DATE:

SAFETY TEAM LEADER SIGNATURE & DATE: