



GENERAL SERVICES DEPARTMENT  
OPERATING PROCEDURE

Number: 2.2

Date Issued\*: 11/19/07

Reviewed/Revised: 6/25/13

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**Subject: Accident Reporting**

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**I. PURPOSE**

Provide a uniform procedure for GSD employees to report accidents according to the City of Tucson Accident Reporting Procedures (OSHM H-004).

**II. RESPONSIBILITIES**

**A. Deputy Director**

Review all Department Accident Review Cover Sheets for accidents and injuries within the department. Validate "At Fault" or "Not at Fault" recommendation made by Division Administrator and confirm (or adjust) disciplinary action, if any. Ensure all follow-up actions/recommendations are fulfilled.

**B. Division Administrator**

Ensure all accidents and injuries within their respective division are reported in a timely manner utilizing the format and documentation outlined in this procedure. Review all accident reports and make corrective recommendations, including whether the employee is "At Fault" or "Not at Fault," on the Department Accident Review Cover Sheet.

**C. Superintendents**

Ensure Supervisory and Lead Personnel are trained in proper reporting procedures, review all accident reports, make corrective recommendations on the Department Accident Review Cover Sheet, and ensure hazards are effectively identified and controlled.

**D. Safety Coordinator**

Conduct initial investigations with employees and supervisors regarding incidents. Report findings, make safety recommendations, and tally statistics for trends analysis reporting and for identifying potential training opportunities.

**E. Supervisors**

Ensure employees are trained to recognize hazards and know how to take necessary steps to control such hazards. Supervisory and Lead personnel are to complete the Department Accident Review Cover Sheet and Supervisor's Report of Injury (Forms 100A and 100B) and/or Property Damage/Personal Injury Report (Form 103). With the Safety Coordinator, supervisory personnel are responsible for investigating all work-related accidents, injuries or illnesses and ensuring hazards identified or related to the accident are effectively controlled.

**F. Employees**

Employees must report all work-related accidents, injuries or illnesses to their immediate supervisor as soon as possible and no later than the end of the work shift on which the accident, injury or illness occurred.

Employees are **not** to fill out the Supervisor's Report of Injury (Form 100A/100B) in lieu of the supervisor.



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**III. ACCIDENT REPORT PROCESSING**

All accidents are to be reported in conformance with the GSD Accident Reporting flow charts and forms (copies attached).

- A. All injuries are to be documented on the Supervisor's Report of Injury Forms 100A and 100B. If an injury is not severe enough to require a doctor's medical attention and there is no lost time, the Division shall keep the injury report in the employee's personnel file for at least 1 (one) year.
- B. Accident information is to be documented on the Accident Profile Sheet and Accident Log located in GSD's secure "Y" drive.
- C. Property Damage/Personal Injury Report Form 103 is to be completed by the Supervisor using the online form 103. It should be distributed as noted on the form and a copy should be provided to the GSD Safety Coordinator, the division support file, and the division superintendent.
- D. All vehicular accidents on private property or public right-of-way shall be reported to the Police to generate an accident report.

**IV. IMMEDIATE NOTIFICATION**

GSD's Director and Deputy Director must be immediately notified if an accident meets any of the following criteria:

- A. Accident exceeds estimated \$5,000 damage
- B. Accident involves the public
- C. Vehicular accident on public property, no matter how serious
- D. GSD employee is sent to the hospital by medical transport
- E. Fatality

**V. ACCIDENT REVIEW BOARD**

- A. Accident review boards will be convened in accordance with the OSHM S-006 Safety Board of Inquiry.
- B. All requests for an Accident Review Board must be approved through the Division Administrator, the Department Safety Coordinator, and the Department Deputy Director.



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**Attachments:**

**Flow Charts, Forms and Logs**

Accident Reporting – Vehicle/ Property Damage (Flow Chart)  
Motor Vehicle Collision/Property Damage/Public Injury on City Property  
Report (Form 103)  
Accident Reporting – Industrial (Flow Chart)  
Supervisor’s Report of Injury (Form 100A)  
Supervisor’s Report of Injury (Form 100B)  
Accident Review Cover Sheet (Flow Chart)  
GSD Accident/Injury Review Cover Sheet (Cover Sheet Form)  
GSD Accident Profile Sheet (Reporting Log)

**References:**

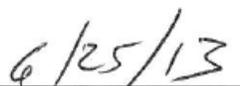
OSHM H-004 City of Tucson Accident Reporting Procedures  
<http://drupal.ci.tucson.az.us/files/central-safety/pdfs/oshm/H-004.pdf>  
  
OSHM S-006 Safety Board of Inquiry  
<http://drupal.ci.tucson.az.us/files/central-safety/pdfs/oshm/S-006.pdf>

**Review Responsibility  
and Frequency:**

General Services Department Safety Coordinator shall review this  
procedure annually.

**Authorized:**

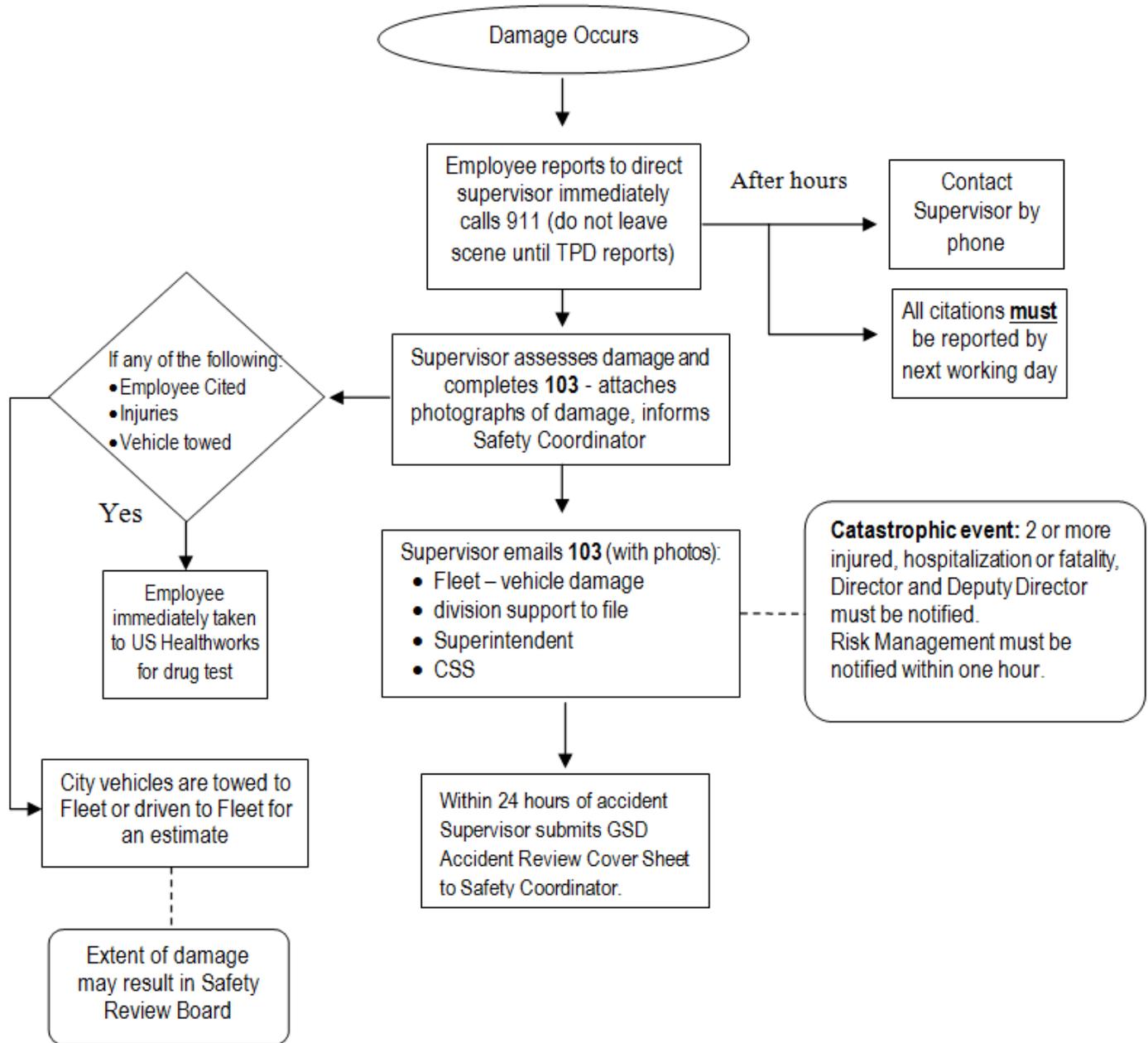
  
\_\_\_\_\_  
Department Director

  
\_\_\_\_\_  
Date



**Subject: Accident Reporting**

**Accident Reporting Vehicle/Property Damage (Flow Chart)**





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**Motor Vehicle Collision/Property Damage/Public Injury on City Property Report  
(Form 103)**

**City of Tucson**

**Motor Vehicle Collision/Property Damage/Public Injury on City Property Report**

This report shall be completed by immediate supervisor and forwarded to Risk Management Division and CSS within two (2 ) working days of any accident involving City property, personnel or vehicles.

**A. Incident Information**

1. Employee Name: \_\_\_\_\_ 2. Employee #: \_\_\_\_\_ 3. Job Title: \_\_\_\_\_  
4. Department: \_\_\_\_\_ 5. Division: \_\_\_\_\_ 6. Date: \_\_\_\_\_ 7. Time (am/pm): \_\_\_\_\_  
8. Address/Location of Incident: \_\_\_\_\_  
9. Description of Incident: \_\_\_\_\_  
\_\_\_\_\_

**B. Motor Vehicle Collision**

10. Description of Vehicle Damage(s): \_\_\_\_\_  
\_\_\_\_\_

11. Persons Injured	Address	Contact Information
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____

12. City Vehicle #: \_\_\_\_\_ 13. Employee License #: \_\_\_\_\_ 14. Vehicle Plate #: \_\_\_\_\_  
15. Other Party Name: \_\_\_\_\_ 16. Address: \_\_\_\_\_  
17. Home Phone: \_\_\_\_\_ 18. Work Phone: \_\_\_\_\_ 19. License#: \_\_\_\_\_ 20. Vehicle Model: \_\_\_\_\_  
21. Insurance Company: \_\_\_\_\_ 22. Agent: \_\_\_\_\_

23. Police Officer: \_\_\_\_\_ 24. Police Case#: \_\_\_\_\_ 25. Citation: Yes  No  26. Citation#: \_\_\_\_\_

- Any Fatality
- Emp. Citation and Any Injury Treated Away from Scene
- Emp. Citation and any Vehicle Towed from Scene
- Emp. Reasonable Suspicion
- None of the Above

Employee Drug and Alcohol Testing Required  
Employee Drug and alcohol Testing Required  
Employee Drug and Alcohol Testing Required  
Employee Drug and Alcohol Testing Required

**C. Property Damage (City Property or Damage to Private property by City)**

1. Property Owner Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**D. Public Injury on City Property**

1. Injured Person(s): \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
2. Injured Person(s): \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Witness Information:**

1. \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
2. \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**E. Report Prepared by** \_\_\_\_\_ **Employee#** \_\_\_\_\_ **Date** \_\_\_\_\_

Photographs Attached: Yes  No

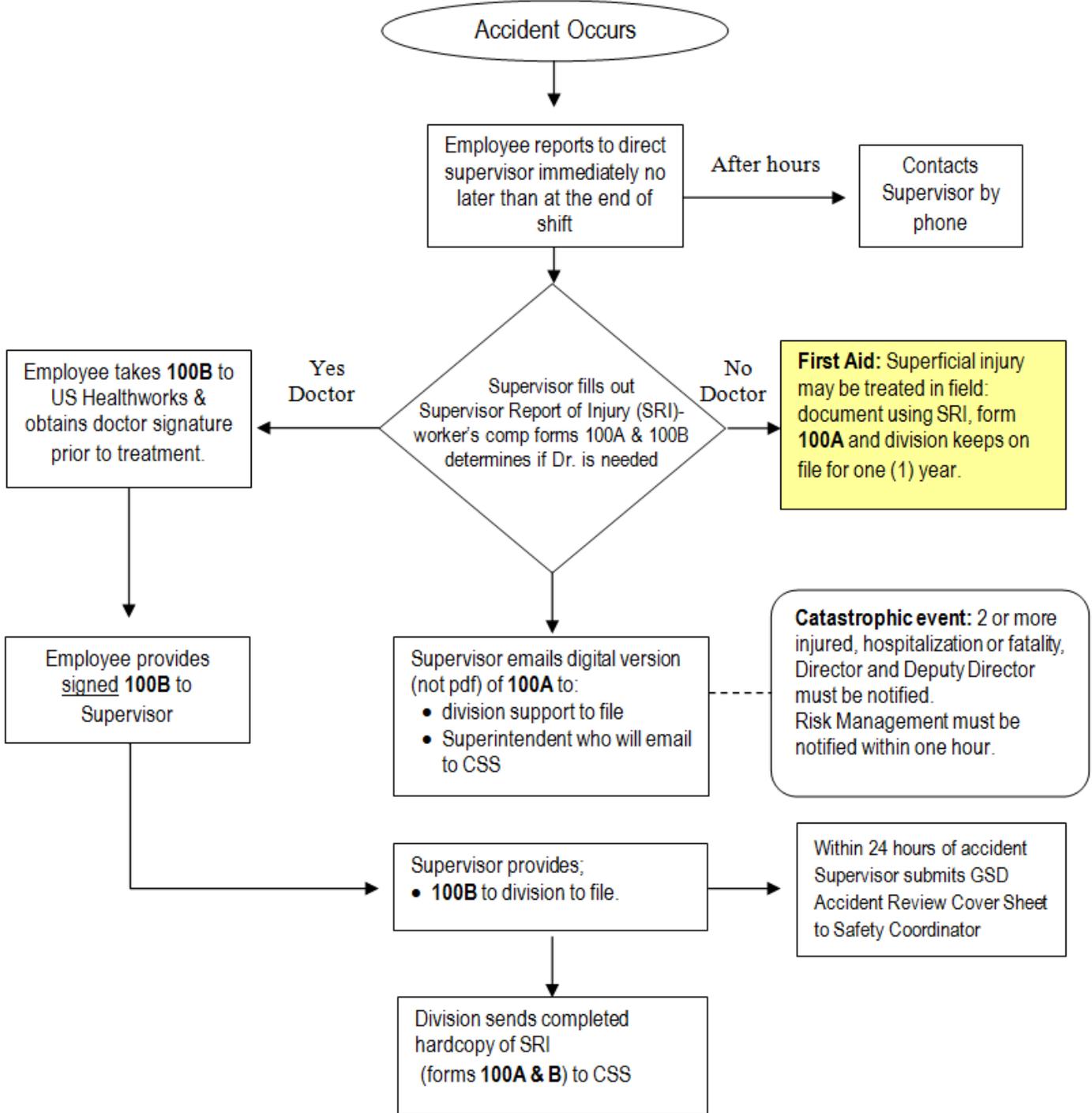
Distribution Instructions: Forward Copy to Risk Management and CSS, retain copy for your Department Records, take copy to Fleet Services if repair is needed.

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**Subject: Accident Reporting**

**Accident Reporting Industrial (Flow Chart)**





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Supervisor's Report of Injury (Form 100A)

 CITY OF TUCSON  
SUPERVISOR'S REPORT OF INJURY  
(Please Print)

Wkr Comp Form 100-A  
Rev. 08/16/2011

1. Injured Employee ID: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

2. Department/Division: \_\_\_\_\_ 3. Date of Birth (MM/DD/YY): \_\_\_\_\_

4. Job Title: \_\_\_\_\_ 5. Work Phone: \_\_\_\_\_

6. Date of injury or illness (MM/DD/YY): \_\_\_\_\_ Time of event (HH:MM AM/PM): \_\_\_\_\_ 7. Time employee began work (HH:MM AM/PM): \_\_\_\_\_ 8. Normal working hours (HH:MM AM/PM to HH:MM AM/PM): \_\_\_\_\_

9. Date injury reported (MM/DD/YY): \_\_\_\_\_ Time injury reported (HH:MM AM/PM): \_\_\_\_\_ 10. Supervisor Injury War Reported to: \_\_\_\_\_ 11. Supervisor's Phone/Cell #: \_\_\_\_\_

12. Address or location of accident: \_\_\_\_\_ 13. Zip Code: \_\_\_\_\_

14. 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."  
Example: "Strained back", "chemical burn, hand", "carpal tunnel syndrome".

15. Part of body injured: \_\_\_\_\_

16. What happened and how did it happen? Example: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when parking brake during replacement"; "Worker developed dizziness in urinal over time."

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

18. What was 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."

19. Is this part of his/her normal work? If not, explain.

20. Was employee doing anything unusual that contributed to his/her injury? \_\_\_\_\_ 21. Has he/she been warned of this or similar actions before? Often? \_\_\_\_\_

22. [select] \_\_\_\_\_ 23. [select] \_\_\_\_\_  
Did injury occur on employer premises? \_\_\_\_\_ Was employee a regular WarmUP To Work Participant? \_\_\_\_\_

24. Describe employee's condition at the time of the accident. Normal? Recent illness? On Medication? (What type?) Intoxicated? Fatigue? Angry? Depressed? Previous Injury? \_\_\_\_\_

25. Were there any unusual circumstances which contributed to the accident? \_\_\_\_\_

26. What equipment, job-site, or training deficiencies contributed to this accident? \_\_\_\_\_

27. Conclusions-Do you have any reason to doubt the validity of this claim? Outside activities? Previous off-the-job injury? Exaggerated effects of the incident? \_\_\_\_\_

28. Type of treatment (first aid, emergency room visited, physician visited, and when)? \_\_\_\_\_

29. Recommendations - How can this type of injury be prevented in the future? \_\_\_\_\_

30. What steps have been taken to prevent this happening again? \_\_\_\_\_

**SUBROGATION INFORMATION**

31. Name, address, phone number, or vehicle registration number of any other person who may have contributed to this accident. Indicate if the person is a City employee. \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

32. Wkr Comp Form B attached:  Yes  No

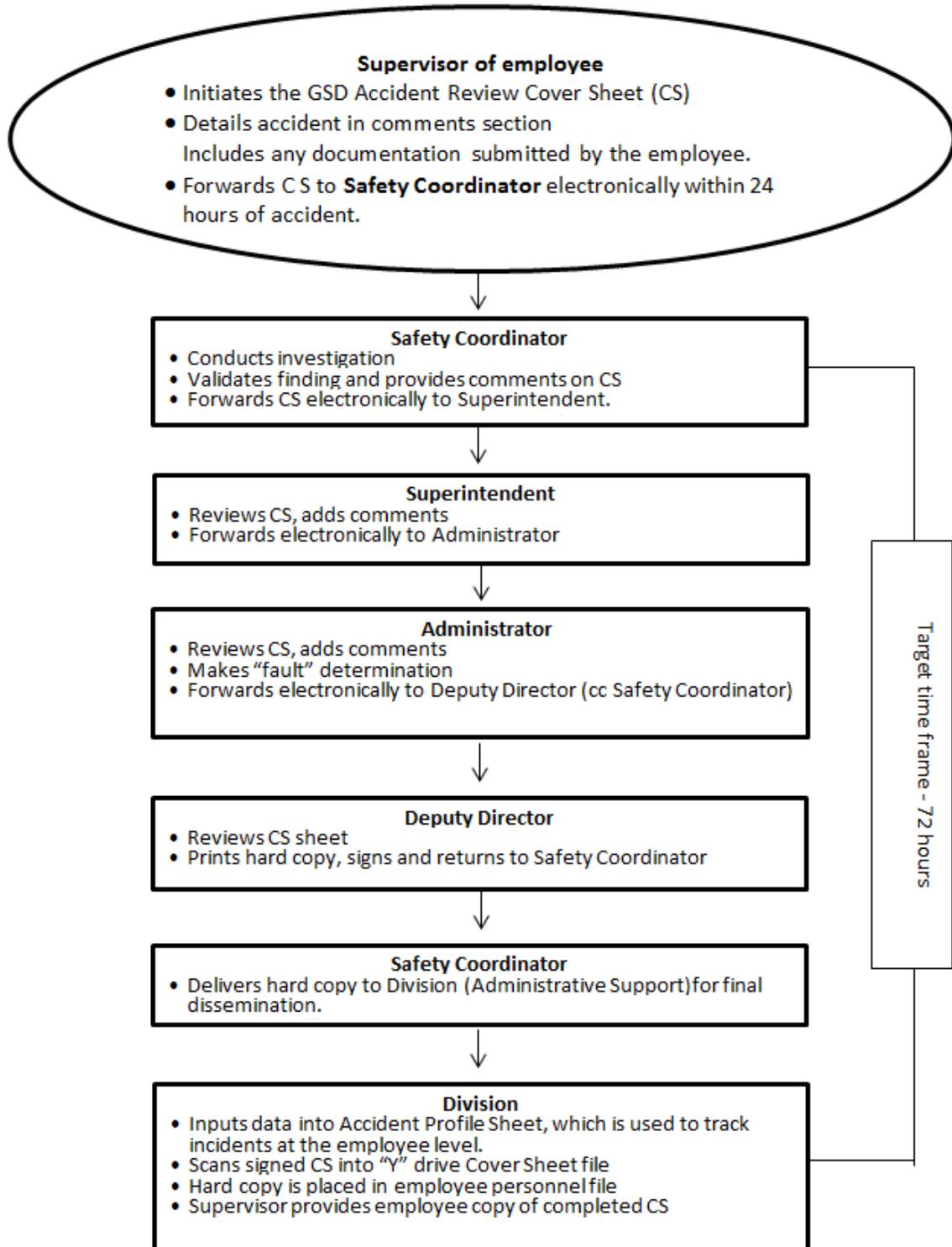
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**Subject: Accident Reporting**

**Accident Review Cover Sheet (Flow Chart)**



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**GSD Accident/Injury Review Cover Sheet (Cover Sheet Form)**



**GENERAL SERVICES DEPARTMENT  
ACCIDENT/INJURY REVIEW COVER SHEET**

Name of Employee: \_\_\_\_\_ Payroll Number: \_\_\_\_\_  
Classification/Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Date of Accident: \_\_\_\_\_ Type of Accident: \_\_\_\_\_

**A. Supervisor's Report and Comments:**

(Type comments here)

Supervisor: (Type name) \_\_\_\_\_ Date: \_\_\_\_\_

**D. Safety Coordinator's Comments:**

(Type comments here)

Safety Coordinator: (Type name) \_\_\_\_\_ Date: \_\_\_\_\_

**B. Superintendent's Review & Comments:**

(Type comments here)

Superintendent: (Type name) \_\_\_\_\_ Date: \_\_\_\_\_

**C. Division Administrator's Review & Comments :**

(Type comments here)

Administrator: (Type name) \_\_\_\_\_ Date: \_\_\_\_\_

**E. Deputy Director's Review & Comments:**

(Type comments here)

Deputy Director: (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

( ) AT FAULT ( ) NOT AT FAULT

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