In the event of an employee injury/accident, reporting what happened is very important. This information may be used to line up medical treatment, evaluate company policy, meet with customers and investigators and used to evaluate our company policies.

You are SONOCO's eyes and ears. The information you provide is essentially a log of the events that took place according to SONOCO. A clear and accurate picture is required so that anyone who may read this document has a complete understanding of exactly what happened on the location.

Anytime there is an accident, injury or near miss, this form must filled out and sent in to the safety director. Before sending this form in, you CALL the safety department to report the accident/injury by phone regardless of the time, date or place.

Name and Social Security Number: Please print this information neatly

Address and Phone Number: Is needed to record the current contact info on the employee in case any recent changes were made and not reported to the office.

DOB and Age: Again, please print neatly all information available to you.

Date and Time of Injury: What time the incident occurred, and what time the employee started the shift. This should also include the number of days on the location.

Facility: Customer, Block and Location are needed. Different locations require specific reporting steps. Location is important.

Incident details: What happened during or leading up to the incident? Who, what, when, where, why and how, as well as the extent of injury if you know. All questions in this section need to be answered, in detail. Use as many pages as you require for details.

Medical Attention: What treatment was received and from whom? Will the employee continue work or when will they be coming in for further medical evaluation?

Information: The next section gets information from the steward/crew leader. It discusses PPE, Policy, safety meetings to discuss and is finally signed by the steward before submittal.

The Accident/Incident Report form is to be sent to the SONOCO office immediately after the injured employee is cared for (the safety department will advise whether to fax or email during your initial call in to report the injury).

The Accident/Incident Report form is included in this manual and can be found on the website at: www.sontheimeroffshore.com/safety/forms/

SONOCO Sontheimer Offshore/catering Co.	Incident/Accident Report	
Safety and Environmental Management System		SMS F300

(Check Job Title of Injured) _____Utility Hand _____Night Cook ___Steward/Relief ___Warehouse ____ Driver

Injured:
Name (FML): _____ SS#:_____

Address:_____ City: _____ ST:____

Zip Code:_____ Phone Number: (_____)_____ DOB:_____ Age:_____

Date of Hire:_____ Date of Injury:_____ Time:_____

Time Shift Began:_____ # of Days on Location:_____ Employee SSE?_____

Facility:
Customer:_____ Block & Field Location:_____

Where on facility did accident occur:_____(Galley, Quarters, etc.)

Incident Details:
Accident happened _____/_____/_____ @ _____ AM/PM

Nature of Injury: _____ (Cut, Fall, etc.)

Did employee stop work immediately? _____ Injury on SONOCO Property:_____

Did injury cause lost time beyond shift?_____ # Days: _____ Did injury cause death?_____

Reported to Customer/Medic:_____/_____/_____ Time:_____ to who?_____

Reported to SONOCO Office: :_____/_____/_____ Time:_____ _ to who?_____

Witness 1 Name_____ Phone #_____ Company:_____

Witness 2 Name_____ Phone #_____ Company:_____

Witness 3 Name_____ Phone #_____ Company:_____

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Describe the incident including as many details as possible:

What Happened?_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Was Medical Attention/First Aid given on-site?_____ By Who?_____ Employee sent in:_____

What care was given?_____

Corrective Action:

All PPE worn/used properly?_____ Why Not?_____

Immediate Corrective Action Taken:_____

By Who? _____ Safety Meeting Held to Discuss: ____/____/____ @_____

Date of Report _____/_____/_____ By: _____ Position:_____

Signature_____ Fax to (985) 872-2251 or email to safety@sontheimeroffshore.com