Tool: Ergonomic Injuries Data Summary and Corrective Actions



HOW TO USE THIS TOOL

Once you gather ergonomic injury records and analyze the data, you must translate your findings into corrective actions. This tool will help you do this. This a Model Form that summarizes data collected on all the *Ergonomic Injury Record Review* Forms that were completed.

Fill out a summary form for **each type of ergonomically related injury** suffered by your workers.

Using this form will enable you to organize your injury data, determine appropriate corrective action, and establish priorities.

Instructions: Please fill out a separate version of this form for each ergonomically related injury type identified by the records review.

TYPE OF INJURY: _____

Total Occurrences: _____

Occurrences by Department/Operation

Dept.: _____ Incidents: _____

Dept.: _____ Incidents: _____

Dept.: _____ Incidents: _____

Dept.: _____ Incidents: _____

Occurrences by Job Title

Title: _____ Incidents: _____

Title: _____ Incidents: _____

Title: _____ Incidents: _____

Title: _____ Incidents: _____

Occurrences by Equipment, Device, Workstation, etc.

Equip. (*include serial no.*): _____ Incidents: _____

Equip: _____ Incidents: _____

Equip: _____ Incidents: _____

Equip: _____ Incidents: _____

Recommended Corrective Actions (list *in order of priority)*

_____

_____

_____

_____

_____

Prepared By: _____

Signature: _____

Date: _____