

Perform Air International Inc.
Administrative System Manual
Procedure: III.30 Recording Employee Accidents and Injuries

Revision	Revision Date	Revision Change
N/I	06/30/2018	Initial Release/Re-release
1	10/31/2021	Revision to 3.1, 5.2.2
2	07/07/2023	Revision to 6.1

1.0 Purpose:

To ensure all employee accidents and injuries, regardless of severity, are completely and accurately documented.

2.0 Scope:

All supervisory personnel and all personnel who are involved in, witness, happen upon, or otherwise have knowledge of an accident or incident with the potential for injury.

3.0 Responsibility:

- 3.1** The Human Resources Department is responsible for the maintenance of this procedure.
- 3.2** It is the responsibility of all supervisory personnel to have an understanding of how to properly complete the Employee Accident and Injury Reporting Form.
- 3.3** It is the responsibility of all Perform Air International, Inc. employees who are involved in, witness, happen upon, or who, by any other means, come into knowledge of an accident or incident that causes, or has the potential for causing, bodily injury or harm to an employee during the discharge of their job function(s) to report the situation and to cooperate with an investigation into the root cause of the accident or incident.

4.0 Definitions:

Accident: Any unforeseen event that causes injury or property damage.

Incident: Any unforeseen event that causes a disruption in the workflow and may cause property damage but does not result in personal injury.

5.0 Procedure:

- 5.1** Determine if the employee involved requires medical assistance.
 - 5.1.1** If the employee is unconscious, or is injured to such an extent they are unable to communicate, call 911 immediately.

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5.1.2 If the employee is responsive ask if he or she requires medical attention.

5.1.2.1 If yes then page a designated emergency responder to provide assistance.

5.1.2.2 If no, or upon the arrival of the emergency responder, proceed to the next step.

5.2 Print a copy of the Employee Accident and Injury Reporting Form and complete as many fields as possible.

5.2.1 Mark all fields that are not applicable as N/A.

5.2.2 Make sure the employee signs and dates the form if first aid or professional medical aid is offered and waived.

5.2.3 Give the form to the Human Resources Department.

NOTE: A more thorough investigation may be initiated at a later date depending on the severity of the accident or incident reported, so please be as complete as possible when filling out the form.

6.0 Records:

6.1 Employee Accident and Injury Reporting Form (*Form Number 62.42*)