

Report of injury to employee operating a mechanical power press

29 CFR 1910.217(g)(1)

The employer shall, within 30 days of the occurrence, report to ... the state agency administering a plan approved by the Assistant Secretary of Labor for Occupational Safety and Health, all point of operation injuries to operators or other employees. The following information shall be included in the report.

Employer and establishment information

EMPLOYER'S NAME

WORKPLACE LOCATION

WORKPLACE CITY

STATE

ZIP CODE

Incident information

(Use one form per injured employee. This form may be copied.)

EMPLOYEE NAME

DATE OF INJURY

INJURY SUSTAINED (describe the specific body part(s) injured and the nature of the injury)

Task being performed: operation set up maintenance other (describe below)

Type of clutch used on the press: full revolution part revolution direct drive

Type of safeguard(s) being used: two-hand trips two-hand controls pull-outs sweeps other (If the safeguard is not described in this section, give a complete description below or on an attachment.)

Cause of the accident: repeat of press safeguard failure removing stuck part or scrap no safeguard provided
 no safeguard in use other (Include comments below or on an attachment.)

Type of feeding: manual, hands in dies manual, hands out of dies semiautomatic automatic other
(Include comments below or on an attachment.)

Means to actuate press stroke: foot trip foot control hand trip hand control other
(Include comments below or on an attachment.)

Number of operators required for the operation:

Number of operators provided with controls and safeguards:

I certify I have examined this document and, to the best of my knowledge, the entries are true, accurate and complete.

Company executive signature and title

Date

Forward completed form to:
Minnesota Department of Labor and Industry – MNOSHA
443 Lafayette Road N., St. Paul, MN 55155-4307
Phone: (651) 284-5050; Fax: (651) 284-5741
E-mail: osha.compliance@state.mn.us

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