



“Red Folder”
TM Accident/Injury Package



1. TAKE A DEEP BREATH
2. MOVE TO A SAFE PLACE.
3. CALL 911 IF:
 - YOU’VE BEEN IN A VEHICLE COLLISION
 - YOU (OR SOMEONE ELSE) ARE EXPERIENCING A SERIOUS MEDICAL EMERGENCY

FOLLOW THESE STEPS:

1. **CALL YOUR MANAGER/SUPERVISOR**; if you are unable to reach your manager – notify another Manager/Transport Dispatcher.
2. **TAKE PHOTOS** (property, spill, collision, equipment, injury - all relevant photos; 10+ photos)
3. **COMPLETE THIS PACKAGE** (all sections that apply) within 2 hours.
4. **DO NOT LEAVE** the scene until released by your Manager (unless its *unsafe* to remain)
5. **SEEK NON-EMERGENCY MEDICAL TREATMENT or DECLINE** treatment (if injured); visit an approved Urgent Care facility as directed by Manager/HR
6. **TEXT/EMAIL PHOTOS & THIS PACKAGE** to your Manager/Supervisor within 2 hours
7. **CONTINUALLY UPDATE MANAGER** on status

AT THE SCENE:

- Complete the **TM & ACCIDENT INFO** section
- For a vehicle collision, complete the **COLLISION** section

TM & ACCIDENT INFO

(check all that apply)

- Injury
 Spill
 Property Damage
 Vehicle Collision

TM Name:		TM Phone:	
Supervisor:		Location of Incident:	
Date of Incident:		Time of Incident:	

WITHIN 2 HOURS:

- Complete the **STATEMENT** section
- For spills, complete the **SPILL** section
- If you are injured, complete the **INJURY** section

CONTINUE...

SPILL

Photos Taken of Spill (<i>required</i>):	<input type="checkbox"/> Yes <input type="checkbox"/> No	Photos Taken After Clean-up of Spill (<i>required if applicable</i>):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did this spill enter into a drain or result in water contamination?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?	Did the spill result in Property Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?
Have authorities been contacted in order to assist with clean-up of the spill?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?	Has Engineering been contacted in regards to this spill?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?
Add additional remarks about what occurred after the spill to clean-up:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

INJURY

Are you in need of medical treatment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO, I do not feel that my injury warrants medical treatment at this time; I voluntarily decline medical treatment; I understand that I can request this at a later time with my supervisor/HR.
Who transported you to the medical facility?		
Were there any witness(s)? Who?		
Where did the injury occur?	<input type="checkbox"/> On Flyers' property <input type="checkbox"/> On customer property <input type="checkbox"/> On a public road <input type="checkbox"/> Other: _____	Have you ever had injury to this body part before (explain)? <hr/> <hr/> <hr/>
Where are you injured?	<input type="checkbox"/> Left side <input type="checkbox"/> Right side	Body Part(s):
Mark the image with a X where you are experiencing any pain or injury:		

Team Member Signature: _____ Date Completed: _____

Received by (Name & Signature): _____ Date Received: _____