

# COPA II (CITY OF PHILADELPHIA ACCIDENT, INJURY & ILLNESS) REPORT

*Immediate Supervisor MUST Complete This Form*

## PART I IDENTIFICATION

WHO	1. NAME (LAST, FIRST, M.I.)		2. PRESENT HOME ADDRESS	
	3. OCCURRENCE TYPE INJURY                      ILLNESS                      NEAR-MISS		4. GENDER M                      F	
	5. EMPLOYEE PHONE NUMBERS (HOME [H], WORK [W], CELL [C])		6. DEPARTMENT & DIVISION	
	7. NORMAL UNIT / DISTRICT		8. PAYROLL NO.	
WHEN & WHERE	9. WORK STATUS FULL-TIME                      SEASONAL PART-TIME                      TEMP		10. CURRENT JOB TITLE & START DATE	
	11. JOB TITLE AT TIME OF INJURY		12. WORK ASSIGNMENT ROUTINE                      NON-ROUTINE EMERGENCY	
	13. CURRENT IMMEDIATE SUPERVISOR & PHONE NUMBER		14. IMMEDIATE SUPERVISOR ON DUTY AT TIME OF INJURY	
	15. WITNESSES NAME (LAST, FIRST, M.I.)                      PHONE NUMBER                      JOB TITLE (IF APPLICABLE)		WITNESS #1	
WITNESS #2		16. DATE OF INJURY		
17. TIME OF INJURY AM PM		18. DATE INJURY REPORTED		
19. TIME INJURY REPORTED AM PM		20. USUAL/NORMAL WORK HOURS? YES                      NO		
21. OVER TIME SHIFT? YES                      NO		22. STRAIGHT SHIFT? YES                      NO		
23. ROTATING SHIFT? YES                      NO		24. INJURY OCCURRED: <b>INSIDE</b> (CHECK BOX & COMPLETE 24-25)		
25. BUILDING NAME & ADDRESS		26. EXACT LOCATION (FLOOR, AREA, ETC.)		
27. LOCATION - INTERSECTION & DIRECTION (N / S / E / W)		28. OUTSIDE NORMAL WORK AREA / DISTRICT? YES (SPECIFY DISTRICT) _____ NO		

## PART II DESCRIPTION

WHAT & HOW	29. ACCIDENT TYPE (PLEASE CHECK ONLY THE <b>MOST APPROPRIATE</b> ACCIDENT TYPE OR SPECIFY)		30. BODY PART(S) INJURED (SPECIFY FRONT[F] OR BACK[B] / LEFT[L] OR RIGHT [R])	
	OVEREXERTION (LIFTING, CARRYING)	INHALATION/ABSORPTION/INGESTION OF CHEMICAL, BIOLOGICAL	HEAD/FACE                      _____ / _____	NECK                      _____ / _____
	FALL (SAME LEVEL)	PHYSICAL AGENT (NOISE, RADIATION)	EYE(S)                      _____ / _____	UPPER BACK                      _____ / _____
	FALL (DIFFERENT LEVEL)	CONTACT WITH/BY EXTREME TEMPERATURE	HAND(S)/FINGER(S)                      _____ / _____	LOWER BACK                      _____ / _____
STRUCK BY/AGAINST OBJECT, EQUIPMENT	ASSAULTED BY ANOTHER PERSON	CHEST                      _____ / _____	ARM(S)                      _____ / _____	
MOTOR VEHICLE ACCIDENT/CRASH (COMPLETE PART III & CRASH FORM)	ELECTRIC SHOCK	LEG(S)                      _____ / _____	STOMACH                      _____ / _____	
CAUGHT BETWEEN/UNDER/IN/ON	OTHER (SPECIFY) _____	SHOULDER                      _____ / _____	FEET/TOE(S)                      _____ / _____	
		KNEE                      _____ / _____	WRIST(S)                      _____ / _____	
		OTHER                      _____	OTHER                      _____ / _____	
31. DESCRIBE EXACTLY WHAT HAPPENED (TALK WITH EMPLOYEE TO UNDERSTAND AND DESCRIBE THE ACTIONS OF THE EMPLOYEE AT THE TIME OF INJURY, THE TYPE OF ACCIDENT, HOW THE INJURY WAS SUSTAINED, THE SPECIFIC BODY PARTS INJURED, AND ANY INVOLVEMENT WITH/FROM OTHER INDIVIDUALS CONTRIBUTING TO THE INJURY. USE ADDITIONAL SHEETS IF NECESSARY.)				
32. MEDICAL TREATMENT & INITIAL TREATMENT DATE (CHECK <b>ONE</b> & WRITE IN DATE)				
NONE                      FIRST AID _____                      CITY MEDICAL PROVIDER (SPECIFY DATE & SITE) _____				
OTHER (SPECIFY DATE & SITE) _____				

## PART III MOTOR VEHICLE ACCIDENT/CRASH (NOTE: TRAFFIC ACCIDENT - CITY VEHICLE FORM MUST ALSO BE COMPLETED)

33. D.C. NUMBER	34. A.I.D. CASE NUMBER	35. VEHICLE PROPERTY NO.
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## PART IV SIGNATURES

37. EMPLOYEE SIGNATURE	38. DATE	39. IMMEDIATE SUPERVISOR ON DUTY SIGNATURE	40. DATE
41. UNIT SUPERVISOR SIGNATURE	42. DATE	43. DEPT. SAFETY OFFICER REPRESENTATIVE SIGNATURE	44. DATE

45. **FOR D.C. 47 EMPLOYEES ONLY:** BY INITIALING AND DATING BELOW, I HEREBY AUTHORIZE THE CITY OF PHILADELPHIA TO RELEASE THIS FORM TO THE HEALTH AND SAFETY OFFICE OF THE D.C. 47 HEALTH AND WELFARE FUND.

EMPLOYEE INITIALS \_\_\_\_\_                      DATE \_\_\_\_\_

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## PART V FUNDAMENTAL CAUSE & CORRECTIVE ACTION

46. THE IMMEDIATE SUPERVISOR ON DUTY SHALL CHECK **ALL** THAT APPLY

	CONDITIONS	POSSIBLE CORRECTIVE ACTIONS
EQUIPMENT	A. A DEFECT IN EQUIPMENT, TOOLS, OR MATERIALS CONTRIBUTED TO THE HAZARDOUS CONDITION.	REVIEW PROCEDURES FOR INSPECTING, REPORTING, MAINTAINING, REPAIRING, AND REPLACING EQUIPMENT, TOOLS, AND/OR MATERIALS USED.
	B. AN EQUIPMENT INSPECTION PROCEDURE WAS NOT IN PLACE TO DETECT THE HAZARDOUS CONDITION.	DEVELOP AND IMPLEMENT A PERIODIC INSPECTION PROCESS (DAILY, WEEKLY, ETC.) TO DETECT HAZARDOUS CONDITIONS.
	C. THE CORRECT EQUIPMENT, TOOLS, OR MATERIALS WERE NOT USED OR WERE NOT READILY AVAILABLE.	SPECIFY AND PROVIDE CORRECT EQUIPMENT, TOOLS, AND MATERIALS IN JOB PROCEDURES.
	D. SUBSTITUTE EQUIPMENT, TOOLS, OR MATERIALS WERE USED IN PLACE OF CORRECT ONES.	PROVIDE CORRECT EQUIPMENT, TOOLS, OR MATERIALS, AND ADVISE AGAINST USE OF SUBSTITUTES IN PLACE OF THE PROPER ONES IDENTIFIED FOR THE JOB PROCEDURE.
	E. THE DESIGN OF THE EQUIPMENT, TOOLS, OR MATERIALS CONTRIBUTED TO THE HAZARDOUS CONDITION OR CREATED OPERATOR ERROR.	REVIEW HUMAN FACTORS AND ENGINEERING PRINCIPLES. ENCOURAGE EMPLOYEES TO REPORT HAZARDOUS CONDITIONS CREATED BY EQUIPMENT DESIGN.
	F. OTHER EQUIPMENT FACTORS NOT LISTED ABOVE CONTRIBUTED TO HAZARDOUS CONDITION (NO GUARDING, WEIGHT/SIZE EQUIPMENT, ERGONOMICS).	INSTALL/REPLACE GUARDS, AND EVALUATE IF EQUIPMENT SHOULD BE REDESIGNED OR REPLACED.
ENVIRONMENT	G. THE LOCATION/POSITION OF EQUIPMENT/MATERIAL/EMPLOYEE CONTRIBUTED TO THE HAZARDOUS CONDITION.	PERFORM A SAFETY ANALYSIS. CHANGE LOCATION, POSITION, OR LAYOUT OF EQUIPMENT. REPOSITION EMPLOYEE IF NECESSARY. PROVIDE GUARDRAILS, BARRIERS, WARNING LIGHTS, SIGNS, AND/OR SIGNALS.
	H. EMPLOYEE SHOULD NOT HAVE BEEN IN THE VICINITY OF THE EQUIPMENT/MATERIAL OR THERE WAS NOT SUFFICIENT WORKSPACE.	REVIEW JOB PROCEDURES, EVALUATE WORKSPACE REQUIREMENTS, AND MODIFY IF REQUIRED.
	I. ENVIRONMENTAL CONDITIONS SUCH AS NOISE LEVELS, ILLUMINATION, VENTILATION, VIBRATION, TEMPERATURE EXTREMES, OR RADIATION WERE A CONTRIBUTING FACTOR.	PERIODICALLY CHECK ENVIRONMENTAL CONDITIONS AS REQUIRED. CHECK RESULTS AGAINST ACCEPTABLE LEVELS AND INITIATE ACTION FOR THOSE FOUND UNACCEPTABLE.
	J. OTHER ENVIRONMENTAL FACTORS NOT LISTED ABOVE CONTRIBUTED TO A HAZARDOUS CONDITION (WEATHER, EROSION, DECAY OF METAL).	INSPECT WORK AREA AND PROVIDE PROTECTION AGAINST ENVIRONMENTAL FACTORS.
PEOPLE	K. THERE ARE NO WRITTEN OR KNOWN PROCEDURES OR RULES FOR THIS JOB.	PERFORM A JOB SAFETY ANALYSIS AND DEVELOP SAFE JOB/STANDARD OPERATING PROCEDURES.
	L. WORK PROCEDURES IN PLACE DID NOT ANTICIPATE OR DETECT THE FACTORS THAT CONTRIBUTED TO THE INCIDENT.	RE-EVALUATE PRESENT JOB PROCEDURES. PERFORM A JOB SAFETY ANALYSIS TO DETERMINE IF A CHANGE IN JOB PROCEDURES IS NECESSARY.
	M. NO ONE DETECTED, ANTICIPATED, OR REPORTED A HAZARDOUS CONDITION.	IMPROVE EMPLOYEE CAPABILITY IN HAZARD RECOGNITION AND REPORTING. TRAIN ON REMOVING THE HAZARD.
	N. THERE WAS A FAILURE TO DETECT OR CORRECT DEVIATIONS FROM JOB PROCEDURE.	REVIEW SAFETY PROCEDURES. MONITOR JOB PROCEDURES AND CORRECT DEVIATIONS.
	O. EMPLOYEE DID NOT KNOW THE JOB PROCEDURE OR THE EMPLOYEE DEVIATED FROM KNOWN JOB INSTRUCTIONS.	IMPROVE JOB INSTRUCTION AND TRAIN EMPLOYEE ON CORRECT PROCEDURE. REVIEW PROCEDURE TO DETERMINE WHY DEVIATION OCCURRED AND MODIFY IF NECESSARY. COUNSEL EMPLOYEE AND PROVIDE CLOSER SUPERVISION.
	P. THERE WAS A LACK OF SKILL OR KNOWLEDGE FOR THIS WORK ACTIVITY.	PROVIDE TRAINING/EDUCATION ON WORK ACTIVITY.
	Q. JOB PROCEDURES WERE TOO DIFFICULT TO PERFORM BECAUSE OF PHYSICAL FACTORS OR THE COMPLEXITY OF THE TASK.	CONSIDER CHANGE IN JOB DESIGN AND PROCEDURES.
	R. A PREVIOUSLY IDENTIFIED AND/OR REPORTED HAZARD CONTRIBUTED TO THIS INCIDENT.	IMPROVE PROCESS TO CORRECT HAZARDS. ESTABLISH PRIORITIES BASED ON POTENTIAL INJURY SEVERITY AND PROBABILITY. REVIEW RESPONSIBILITY TO INITIATE AND CARRY OUT CORRECTIVE ACTIONS.
	S. INDIVIDUALS WERE NOT ADEQUATELY TRAINED IN ACCIDENT PREVENTION AND AWARENESS.	TRAIN INDIVIDUALS IN ACCIDENT PREVENTION FUNDAMENTALS.
	T. INADEQUATE ENGINEERING, MAINTENANCE, OR WORK STANDARDS CONTRIBUTED TO THIS INCIDENT.	RE-ENGINEER, START PREVENTIVE MAINTENANCE PROGRAM, OR INSTITUTE BASIC WORK STANDARDS.
PPE	U. NO PERSONAL PROTECTIVE EQUIPMENT (PPE) WAS SPECIFIED OR PROVIDED FOR THE TASK.	REVIEW METHODS TO SPECIFY BOTH PPE REQUIREMENTS AND PROPER PPE DISTRIBUTION AVAILABILITY.
	V. EMPLOYEE WAS NOT AWARE OF THE SPECIFIC PPE REQUIRED OR HOW TO MAINTAIN THE PPE.	REVIEW JOB INSTRUCTIONS AND PROCEDURES, AS MAINTENANCE OF PPE IS ACCOMPLISHED WITH PROPER STORAGE AND INSPECTION PRIOR TO USE.
	W. PPE WAS INADEQUATE OR WAS IMPROPERLY USED WHEN THE INJURY OCCURRED.	IMPLEMENT PROCEDURES TO MONITOR AND ENFORCE PROPER USE OF PPE. CHECK PPE REQUIREMENTS, STANDARDS, SPECIFICATIONS, AND APPROPRIATENESS. TRAIN PERSONNEL ON PPE USE.
	X. EMERGENCY PPE WAS NOT SPECIFIED FOR THIS JOB; EMERGENCY PPE WAS NOT READILY AVAILABLE AND/OR IMPROPERLY USED; THE EMERGENCY PPE DID NOT FUNCTION PROPERLY.	IDENTIFY NEED FOR EMERGENCY PPE. PROVIDE AND INSTALL EMERGENCY EQUIPMENT AT APPROPRIATE LOCATIONS. TRAIN ON PROPER USE AND ESTABLISH AN INSPECTION SYSTEM. REPAIR DEFECTS IN EQUIPMENT IMMEDIATELY.
	Y. OTHER PPE FACTORS NOT INCLUDED CONTRIBUTED TO THE HAZARDOUS CONDITION (TEARS, RIPS IN PPE, HOT WEATHER).	PERIODICALLY SELF-INSPECT PPE BEFORE, DURING, AND AFTER USE. ESTABLISH INSPECTION SYSTEM.

47. THE IMMEDIATE/UNIT SUPERVISOR SHALL LIST OR DESCRIBE **ALL** RECOMMENDED CORRECTIVE ACTIONS:

48. DATE RECOMMENDATIONS IMPLEMENTED

(MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_