

AESC SAFETY STATISTICS PROGRAM

OCCUPATIONAL INJURY OR ILLNESS REPORT FORM

Company: _____ **Date Filled Out:** _____

Complete one form for each recordable injury or illness.
Complete each line and check all boxes that apply.

Employee's age: _____

Date of hire: _____

Experience on rigs: _____ (years) _____ (Months)

Experience in position: _____ (Years) _____ (Months)

Section 4 Employee's position at time of injury or illness

Operator	Swab Operator
Floorhand	Swab Helper
Derrickman	Rig Manager
Superintendent	Mechanic
Truck Driver	Welder
Truck Helper	Other _____
Roustabout	

Section 1 Type of injury or illness: (check one)

Death
Other recordable injury or illness
Injury or illness with days away from work
Injury or illness with job transfer or restrictions

Section 5 Type of accident

Struck By Struck against Slip/Fall (same level) Slip/Fall (diff. level) Jump	Strain/Overextension Flame/Heat/Steam Exposure to Weather Exposure to Gas
Electrical Shock Caught in between Contact w/Chemicals/Fluids	
Other _____	

Section 2 Date of injury or onset of illness

Date: _____ (Month) _____ (Day) _____ (Year)

Section 3 This injury or illness occurred

Time: _____ AM/PM

Weather Conditions:

Clear
Snow
Rain
Cloudy/Overcast
Foggy
Sleet
Other _____

Section 6 Equipment involved in accident (check only one)

Tongs	Truck/Other Vehicle
Power Swivel	Materials/ Chemical/Mud
Blocks	Pipes/Collars/ Tubulars
Hand Tools: Power Hand	
Tools: Manual Ropes/Cables/ Chains/ Slings Elevators	
Slips	
Transfer	
Pressure Hoses/Lines	
Stairs/Ladders/Decks	
Pump/Generator/Aux Machinery	
Cathead Drawworks	
B.O.P. Hydril	
Other _____	

Section 7 Operation/Activity @time of injury or illness (check one)

- Pulling/Running Rods/Tubing
- Laying Down/Picking Up Tubulars/Rods
- Making Up/Breaking Out
- Tool/Drill/Collars, etc.
- Mud Mix/Pump/Cementing
- Walking
- Rigging Up/Down Power Swivel
- Running Casing
- Material Handling: Manual
- Material Handling: Power
- B.O.P. Installation/Maintenance
- Rig Repairs/Maintenance
- Special Operations (Wireline /Perforating)
- Rigging Up/Down Unit
- Other _____

Section 10 Body Parts effected

- Head
- Face
- Neck
- Shoulder
- Arm
- Elbow
- Back
- Knee
- Foot
- Leg
- Ribs
- Hand
- Eyes
- Fingers
- Other _____

Section 8 Primary Location @ time of injury or illness

- Rig Floor
- Rig Deck/Walls
- Stairs/Ladders
- Work Room (dog house/change house)
- B.O.P. / Wellhead Area
- Tank Battery Area
- Catwalk
- Cellar/Substructure
- Crew/Work Boat
- Derrick
- Rig Pad (Ground Area)
- Pump Jack
- Pipe Racks
- Pits/Tanks
- Other _____

Section 9

Brief description of injury or illness

Section 9

Nature of injury or illness (i.e.-contusion, fracture, abrasion, etc.)

The AESC Safety Statistics Program is a voluntary program designed to collect energy servicing industry injury and illness data with the intent of reducing and/or preventing the future occurrence of all accidents. Member participation is strongly encouraged in order to establish a broad database that is statistically valid for the energy servicing industry.

All information submitted to the AESC Safety Statistics Program will be held in strict confidence and used solely for the purposes of this program and no other. No disclosures of individuals, companies or other easily identifiable information will be made. All data will be done in composite form and format.

Report completed by: _____

Phone: _____

Thank you