## Tool: Ergonomic Injuries Data Summary and Corrective Actions

## **HOW TO USE THIS TOOL**

Once you gather ergonomic injury records and analyze the data, you must translate your findings into corrective actions. This tool will help you do this. This a Model Form that summarizes data collected on all the *Ergonomic Injury Record Review* Forms that were completed.

Fill out a summary form for **each type of ergonomically-related injury** suffered by your workers.

Using this form will enable you to organize your injury data, determine appropriate corrective action, and establish priorities.

**Instructions:** Please fill out a separate version of this form for each ergonomically-related injury type identified by the records review.

TYPE OF INJURY:	
Total Occurrences:	
Occurrences by Department/	Operation
Dept.:	Incidents:
Occurrences by Job Title	
Title:	Incidents:
Title:	Incidents:
Title:	Incidents:

Title:			_ Incide	ents:			
Occurre	nces by Equ	uipment,	Device,	Workst	ation,	etc.	
Equip.	(include	serial	no.):				Incidents:
Equip:			_ Incide	ents:			
Equip:			_ Incide	ents:			
Equip:			_ Incide	ents:			
Prepare	d By:						
Signatu	re:						
Date: _							