### ACCIDENT ANALYSIS FORM ACCIDENT TYPE - CHIEF EXECUTIVES - QUARTERLY STATISTICS - APRIL-JUNE 2006

|               |       | Aı        | pril      |            |         |           | May       |            |         | Ju         | ine       |            |       | Total f | or Quarte   | r          |       |
|---------------|-------|-----------|-----------|------------|---------|-----------|-----------|------------|---------|------------|-----------|------------|-------|---------|-------------|------------|-------|
|               |       |           | Accidents | ,          |         | Employe   | e Acciden | ts         |         | Employee   | Accidents | ,          |       |         | ee Accident |            |       |
| Accident type | Fatal | Major     | Lost Time | All Injury | Fatal   | Major     | Lost Time | All Injury | Fatal   | Major      | Lost Time | All Injury | Fatal | Major   | Lost Time   | All Injury | Total |
| A             |       |           |           |            |         |           |           |            |         |            |           |            | 0     | 0       | 0           | 0          | 0     |
| В             |       |           |           |            |         |           |           |            |         |            |           |            | 0     | 0       | 0           | 0          | 0     |
| C             |       |           |           |            |         |           |           |            |         |            |           |            | 0     | 0       | 0           | 0          | 0     |
| D             |       |           |           |            |         |           |           |            |         |            |           |            | 0     | 0       | 0           | 0          | 0     |
| E             |       |           | 1         | 4          |         |           |           | 5          |         |            |           | 3          | 0     | 0       | 1           | 12         | 13    |
| F             |       |           |           | 1          |         |           |           | 4          |         |            |           | 1          | 0     | 0       | 0           | 6          | 6     |
| G             |       |           |           |            |         |           |           |            |         |            |           |            | 0     | 0       | 0           | 0          | 0     |
| Н             |       |           |           |            |         |           |           |            |         |            |           |            | 0     | 0       | 0           | 0          | 0     |
|               |       |           |           |            |         |           |           |            |         |            |           |            | 0     | 0       | 0           | 0          | 0     |
| J             |       |           |           |            |         |           |           |            |         |            |           |            | 0     | 0       | 0           | 0          | 0     |
| K             |       |           |           |            |         |           |           |            |         |            |           |            | 0     | 0       | 0           | 0          | 0     |
| L             |       |           |           |            |         |           |           |            |         |            |           |            | 0     | 0       | 0           | 0          | 0     |
| М             |       |           |           |            |         |           |           |            |         |            |           |            | 0     | 0       | 0           | 0          | 0     |
| N             |       |           |           |            |         |           |           |            |         |            |           |            | 0     | 0       | 0           | 0          | 0     |
| 0             |       |           |           |            |         |           |           |            |         |            |           |            | 0     | 0       | 0           | 0          | 0     |
| P             |       |           |           | 1          |         |           |           |            |         |            |           |            | 0     | 0       | 0           | 1          | 1     |
| Total         | 0     | 0         | 1         | 6          | 0       | 0         | 0         | 9          | 0       | 0          | 0         | 4          | 0     | 0       | 1           | 19         | 20    |
|               | Total | accidents | for April | 7          | Total a | accidents | for May   | 9          | Total a | ccidents f | or June   | 4          |       |         |             |            |       |

- A Contact with moving machinery, or material being machined
- B Hit by a moving, falling or flying object
- C Hit by a moving vehicle
- D Hit something fixed or stationary
- E Injured while lifting, handling or carrying
- F Slipped Tripped or fell on same level
- G Fell from height (estimate height)
- H Trapped by something collapsing
- I Drowned or asphyxiated
- J Exposure to, or contact with, a harmful substance
- K Exposure to fire
- L Affected by explosion
- M Contact with electricity, or electrical discharge
- N Injured by an animal
- O Physically assaulted by another person
- P Another kind of accident not classified in A to O, including threats of violence

## NATURE OF INJURY CHIEF EXECUTIVES - QUARTERLY STATISTICS - APRIL-JUNE 2006

|                    |         | Ap         | oril      |            |       | M         | ay        |            |       |          | June           |            |       | Total | for Quarte | r          |       |
|--------------------|---------|------------|-----------|------------|-------|-----------|-----------|------------|-------|----------|----------------|------------|-------|-------|------------|------------|-------|
|                    | ı       | Employee   | Accidents |            |       | Employee  | Accidents | <b>S</b>   |       | Emplo    | yee Accid      | ents       | E     | mploy | ee Accider | nts        |       |
| Nature of injury   | Fatal   | Major      | Lost Time | All Injury | Fatal | Major     | Lost Time | All Injury | Fatal | Major    | Lost Time      | All Injury | Fatal | Major | Lost Time  | All Injury | Total |
| Amputation         |         |            |           |            |       |           |           |            |       |          |                |            | 0     | 0     | 0          | 0          | 0     |
| Loss of Sight      |         |            |           |            |       |           |           |            |       |          |                |            | 0     | 0     | 0          | 0          | 0     |
| Fracture           |         |            |           |            |       |           |           |            |       |          |                |            | 0     | 0     | 0          | 0          | 0     |
| Dislocation        |         |            |           |            |       |           |           |            |       |          |                |            | 0     | 0     | 0          | 0          | 0     |
| Concuss / Internal |         |            |           |            |       |           |           |            |       |          |                |            | 0     | 0     | 0          | 0          | 0     |
| Laceration         |         |            |           |            |       |           |           |            |       |          |                |            | 0     | 0     | 0          | 0          | 0     |
| Contusion          |         |            | 1         | 3          |       |           |           | 6          |       |          |                | 4          | 0     | 0     | 1          | 13         | 14    |
| Burn               |         |            |           | 1          |       |           |           |            |       |          |                |            | 0     | 0     | 0          | 1          | 1     |
| Asphyxia / Poison  |         |            |           |            |       |           |           |            |       |          |                |            | 0     | 0     | 0          | 0          | 0     |
| Strain             |         |            |           |            |       |           |           | 1          |       |          |                |            | 0     | 0     | 0          | 1          | 1     |
| Superficial        |         |            |           |            |       |           |           | 1          |       |          |                |            | 0     | 0     | 0          | 1          | 1     |
| Multiple           |         |            |           |            |       |           |           |            |       |          |                |            | 0     | 0     | 0          | 0          | 0     |
| Electricity        |         |            |           |            |       |           |           |            |       |          |                |            | 0     | 0     | 0          | 0          | 0     |
| Natural Cause      |         |            |           |            |       |           |           |            |       |          |                |            | 0     | 0     | 0          | 0          | 0     |
| Other Known        |         |            |           | 1          |       |           |           | 1          |       |          |                |            | 0     | 0     | 0          | 2          | 2     |
| Other Not Known    |         |            |           | 1          |       |           |           |            |       |          |                |            | 0     | 0     | 0          | 1          | 1     |
| Total              | 0       | 0          | 1         | 6          | 0     | 0         | 0         | 9          | 0     | 0        | 0              | 4          | 0     | 0     | 1          | 19         | 20    |
|                    | Total a | ccidents f | or April  | 7          | Total | accidents | for May   | 9          | Tota  | al accid | dents for<br>e | 4          |       |       |            |            |       |

Amputation Amputation involving loss of part/whole, digit etc. Includes severance of torso, ear or nose but excludes loss of tooth or nail

Loss of Sight Loss of sight of eye (major whether permanent or temporary)

Fracture with dislocation, chipped or cracked bone; hairline fracture. (major - other than to the finger, thumbs or

Fracture toes)

Dislocation without fracture (major - if shoulder, hip knee or

Dislocation spine)

Internal damage without fracture to skull, chest, pelvis, abdomen etc includes disc lesion and hernia and excludes injuries to limbs (major if concussion leads to

Concuss / Internal unconsciousness

Laceration Lacerations and open wounds resulting in severed tendon, nerve, blood vessels (including damage to eye) and cuts requiring stitches (major if admittance to hospital for more than 24hrs)

Contusion Injuries which do not break the skin surface, bruises and crushing associated with superficial injuries. Includes damage to eyes.

Burn Burns from electrical heating appliances, electricity, flame, hot or cold object, external chemical burns, welders eye flash.

oxygen deficiency and acute ill health effects of the ingestion, absorption or inhalation of toxic corrosive or caustic substances and asphyxiation by gases, smoke

Asphyxia / Poison fumes etc.

Strain Strains and sprains inc back pain and torn ligaments

Superficial Abrasions, scratches, blisters, bites or non-venomous insects, foreign body in the eyes causing superficial injury, cuts not requiring stitches, puncture wounds, loss of tooth / nail, graze.

Multiple Injuries of more than one type and where no one injury is more severe

Electricity Loss of consciousness, shock etc from electricity or electrical appliances

Natural Cause Natural causes including heart attack

Other Known Other known nature where the injury can be identified but is not included in another category, includes traumatic shock.

#### PART OF THE BODY INJURED

#### **CHIEF EXECUTIVES – QUARTERLY STATISTICS – APRIL-JUNE 2006**

|                       |       |           | April      |            |         | M         | lay       |            |         | Jı       | ıne       |            |       | Total f | or Quart  | er         |       |
|-----------------------|-------|-----------|------------|------------|---------|-----------|-----------|------------|---------|----------|-----------|------------|-------|---------|-----------|------------|-------|
|                       |       | Employe   | ee Acciden | ts         | Е       | mployee   | Acciden   | ts         | E       | mployee  | Accident  | 6          |       | Employ  | ee Accide | nts        |       |
| Part of the body      | Fatal | Major     | Lost Time  | All Injury | Fatal   | Major     | Lost Time | All Injury | Fatal   | Major    | Lost Time | All Injury | Fatal | Major   | Lost Time | All Injury | Total |
| Eye                   |       |           |            |            |         |           |           |            |         |          |           |            | 0     | 0       | 0         | 0          | 0     |
| Ear                   |       |           |            |            |         |           |           |            |         |          |           |            | 0     | 0       | 0         | 0          | 0     |
| Face -other parts     |       |           |            |            |         |           |           | 1          |         |          |           |            | 0     | 0       | 0         | 1          | 1     |
| Head                  |       |           |            |            |         |           |           |            |         |          |           |            | 0     | 0       | 0         | 0          | 0     |
| Several Head          |       |           |            |            |         |           |           |            |         |          |           |            | 0     | 0       | 0         | 0          | 0     |
| Neck                  |       |           |            |            |         |           |           |            |         |          |           |            | 0     | 0       | 0         | 0          | 0     |
| Back                  |       |           |            |            |         |           |           |            |         |          |           |            | 0     | 0       | 0         | 0          | 0     |
| Trunk                 |       |           |            |            |         |           |           |            |         |          |           |            | 0     | 0       | 0         | 0          | 0     |
| Several Torso         |       |           |            |            |         |           |           |            |         |          |           |            | 0     | 0       | 0         | 0          | 0     |
| Finger                |       |           |            |            |         |           |           | 1          |         |          |           | 1          | 0     | 0       | 0         | 2          | 2     |
| Hand                  |       |           |            | 1          |         |           |           | 1          |         |          |           | 1          | 0     | 0       | 0         | 3          | 3     |
| Wrist                 |       |           |            | 1          |         |           |           | 1          |         |          |           |            | 0     | 0       | 0         | 2          | 2     |
| Upper Limb            |       |           |            | 1          |         |           |           |            |         |          |           |            | 0     | 0       | 0         | 1          | 1     |
| Several Upper Limb    |       |           |            |            |         |           |           |            |         |          |           |            | 0     | 0       | 0         | 0          | 0     |
| Toe                   |       |           |            |            |         |           |           |            |         |          |           |            | 0     | 0       | 0         | 0          | 0     |
| Foot                  |       |           |            |            |         |           |           | 1          |         |          |           |            | 0     | 0       | 0         | 1          | 1     |
| Ankle                 |       |           |            |            |         |           |           |            |         |          |           |            | 0     | 0       | 0         | 0          | 0     |
| Lower Limb            |       |           |            |            |         |           |           | 1          |         |          |           | 2          | 0     | 0       | 0         | 3          | 3     |
| Several Lower Limb    |       |           |            |            |         |           |           |            |         |          |           |            | 0     | 0       | 0         | 0          | 0     |
| Several Locations     |       |           | 1          | 2          |         |           |           | 3          |         |          |           |            | 0     | 0       | 1         | 5          | 6     |
| General Location      |       |           |            | 1          |         |           |           |            |         |          |           |            | 0     | 0       | 0         | 1          | 1     |
| Unspecified Locations |       |           |            |            |         |           |           |            |         |          |           |            | 0     | 0       | 0         | 0          | 0     |
| Total                 | 0     | 0         | 1          | 6          | 0       | 0         | 0         | 9          | 0       | 0        | 0         | 4          | 0     | 0       | 1         | 19         | 20    |
|                       | Total | accidents | for April  | 7          | Total a | accidents | for Mav   | 9          | Total a | ccidents | for June  | 4          |       |         |           |            |       |

#### **ACCIDENT ANALYSIS FORM**

#### ACCIDENT TYPE - DIRECTORATE OF THE ENVIRONMENT - QUARTERLY STATISTICS - APRIL-JUNE 2006

|               |       |             | April        |            |       | Ma             | у         |               |       | J         | une         |            |       | Total  | for Quarter | •          |       |
|---------------|-------|-------------|--------------|------------|-------|----------------|-----------|---------------|-------|-----------|-------------|------------|-------|--------|-------------|------------|-------|
|               |       | Employe     | ee Accidents | 5          |       | Employee A     | ccidents  |               |       | Employee  | e Accidents | 3          |       | Employ | ee Acciden  | its        |       |
| Accident Type | Fatal | Major       | Lost Time    | All Injury | Fatal | Major          | Lost Time | All<br>Injury | Fatal | Major     | Lost Time   | All Injury | Fatal | Major  | Lost Time   | All Injury | Total |
|               |       |             |              |            |       |                |           |               |       |           |             |            | 0     | 0      | 0           | 0          | 0     |
|               |       |             |              |            |       |                |           | 1             |       |           |             |            | 0     | 0      | 0           | 1          | 1     |
| ;             |       |             |              |            |       |                |           | 1             |       |           |             |            | 0     | 0      | 0           | 1          | 1     |
| )             |       |             |              |            |       |                |           |               |       |           |             |            | 0     | 0      | 0           | 0          | 0     |
|               |       |             | 3            | 5          |       |                | 1         | 6             |       |           | 1           | 9          | 0     | 0      | 5           | 20         | 25    |
|               |       |             | 1            | 3          |       |                |           | 1             |       |           |             |            | 0     | 0      | 1           | 4          | 5     |
| i             |       |             |              |            |       |                |           |               |       |           |             |            | 0     | 0      | 0           | 0          | 0     |
| <u> </u>      |       |             |              |            |       |                |           |               |       |           |             |            | 0     | 0      | 0           | 0          | 0     |
|               |       |             |              |            |       |                |           |               |       |           |             |            | 0     | 0      | 0           | 0          | 0     |
|               |       |             |              |            |       |                |           |               |       |           |             |            | 0     | 0      | 0           | 0          | 0     |
|               |       |             |              |            |       |                |           |               |       |           |             |            | 0     | 0      | 0           | 0          | 0     |
|               |       |             |              |            |       |                |           |               |       |           |             |            | 0     | 0      | 0           | 0          | 0     |
| 1             |       |             |              |            |       |                |           |               |       |           |             |            | 0     | 0      | 0           | 0          | 0     |
| l             |       |             |              |            |       |                |           |               |       |           |             |            | 0     | 0      | 0           | 0          | 0     |
| )             |       |             |              |            |       |                |           |               |       |           |             |            | 0     | 0      | 0           | 0          | 0     |
| )             |       |             |              | 2          |       |                |           | 2             |       | 1         |             | 1          | 0     | 1      | 0           | 5          | 6     |
| Total         | 0     | 0           | 4            | 10         | 0     | 0              | 1         | 11            | 0     | 1         | 1           | 10         | 0     | 1      | 6           | 31         | 38    |
|               | Tot   | al accident | s for April  | 14         | Tota  | al accidents f | or May    | 12            | Total | accidents | for June    | 12         |       |        |             |            |       |

- A Contact with moving machinery,or material being machined
- B Hit by a moving, falling or flying object
- C Hit by a moving vehicle
- D Hit something fixed or stationary
- E Injured while lifting, handling or carrying
- F Slipped Tripped or fell on same level
- G Fell from height (estimate height)
- H Trapped by something collapsing
- I Drowned or asphyxiated
- J Exposure to, or contact with, a harmful substance
- K Exposure to fire
- L Affected by explosion
- M Contact with electricity, or electrical discharge
- N Injured by an animal
- O Physically assaulted by another person
- P Another kind of accident not classified in A to O, including threats of violence

## NATURE OF INJURY DIRECTORATE OF THE ENVIRONMENT - QUARTERLY STATISTICS – APRIL-JUNE 2006

|                    |       |           | April      |            |       | N         | <i>l</i> lay |            |       | J         | une         |            |       | Tota  | l for Quart | er         |       |
|--------------------|-------|-----------|------------|------------|-------|-----------|--------------|------------|-------|-----------|-------------|------------|-------|-------|-------------|------------|-------|
|                    |       | Employe   | e Accident | s          |       | Employe   | e Accidents  | i          |       | Employe   | e Accidents | 5          |       | Emplo | yee Accide  | ents       |       |
| Nature of injury   | Fatal | Major     | Lost Time  | All Injury | Fatal | Major     | Lost Time    | All Injury | Fatal | Major     | Lost Time   | All Injury | Fatal | Major | Lost Time   | All Injury | Total |
| Amputation         |       |           |            |            |       |           |              |            |       |           |             |            | 0     | 0     | 0           | 0          | 0     |
| Loss of Sight      |       |           |            |            |       |           |              |            |       |           |             |            | 0     | 0     | 0           | 0          | 0     |
| Fracture           |       |           | 1          |            |       |           |              |            |       | 1         |             |            | 0     | 1     | 1           | 0          | 2     |
| Dislocation        |       |           |            |            |       |           |              |            |       |           |             |            | 0     | 0     | 0           | 0          | 0     |
| Concuss / Internal |       |           |            |            |       |           |              |            |       |           |             |            | 0     | 0     | 0           | 0          | 0     |
| Laceration         |       |           |            |            |       |           |              |            |       |           |             |            | 0     | 0     | 0           | 0          | 0     |
| Contusion          |       |           |            |            |       |           |              | 1          |       |           |             | 4          | 0     | 0     | 0           | 5          | 5     |
| Burn               |       |           |            |            |       |           |              |            |       |           |             |            | 0     | 0     | 0           | 0          | 0     |
| Asphyxia / Poison  |       |           |            |            |       |           |              |            |       |           |             |            | 0     | 0     | 0           | 0          | 0     |
| Strain             |       |           | 1          | 6          |       |           |              | 6          |       |           | 1           | 2          | 0     | 0     | 2           | 14         | 16    |
| Superficial        |       |           |            |            |       |           |              | 1          |       |           |             | 1          | 0     | 0     | 0           | 2          | 2     |
| Multiple           |       |           |            |            |       |           |              |            |       |           |             |            | 0     | 0     | 0           | 0          | 0     |
| Electricity        |       |           |            |            |       |           |              |            |       |           |             |            | 0     | 0     | 0           | 0          | 0     |
| Natural Cause      |       |           |            |            |       |           |              |            |       |           |             |            | 0     | 0     | 0           | 0          | 0     |
| Other Known        |       |           | 2          | 3          |       |           | 1            | 2          |       |           |             | 1          | 0     | 0     | 3           | 6          | 9     |
| Other Not Known    |       |           |            | 1          |       |           |              | 1          |       |           |             | 2          | 0     | 0     | 0           | 4          | 4     |
| Total              | 0     | 0         | 4          | 10         | 0     | 0         | 1            | 11         | 0     | 1         | 1           | 10         | 0     | 1     | 6           | 31         | 38    |
|                    | Total | accidents | for April  | 14         | Total | accidents | for May      | 12         | Total | accidents | for June    | 12         |       |       |             |            |       |

Amputation Amputation involving loss of part/whole, digit etc. Includes severance of torso, ear or nose but excludes loss of tooth or nail

Loss of Sight Loss of sight of eye (major whether permanent or temporary)

Fracture Fracture with dislocation, chipped or cracked bone; hairline fracture. (major – other than to the finger, thumbs or toes)

Dislocation Dislocation without fracture (major - if shoulder, hip knee or spine)

Internal damage without fracture to skull, chest, pelvis, abdomen etc includes disc lesion and hernia and excludes injuries to limbs (major if concussion leads to

Concuss / Internal unconsciousness)

Lacerations and open wounds resulting in severed tendon, nerve, blood vessels (including damage to eye) and cuts requiring stitches (major if admittance to hospital

Laceration for more than 24hrs)

Contusion Injuries which do not break the skin surface, bruises and crushing associated with superficial injuries. Includes damage to eyes.

Burn Burns from electrical heating appliances, electricity, flame, hot or cold object, external chemical burns, welders eye flash.

oxygen deficiency and acute ill health effects of the ingestion, absorption or inhalation of toxic corrosive or caustic substances and asphyxiation by gases, smoke

Asphyxia / Poison fumes etc.

Strain Strains and sprains inc back pain and torn ligaments

Abrasions, scratches, blisters, bites or non-venomous insects, foreign body in the eyes causing superficial injury, cuts not requiring stitches, puncture wounds, loss of

Superficial tooth / nail, graze.

Multiple Injuries of more than one type and where no one injury is more severe

Electricity Loss of consciousness, shock etc from electricity or electrical appliances

Natural Cause Natural causes including heart attack

Other Known Other known nature where the injury can be identified but is not included in another category, includes traumatic shock.

### PART OF THE BODY INJURED

#### DIRECTORATE OF THE ENVIRONMENT - QUARTERLY STATISTICS - APRIL-JUNE 2006

|                          |       | A         | April     |            |       | N           | lay        |            |         | J        | une       |            |       | Total fo | or Quarter |            |       |
|--------------------------|-------|-----------|-----------|------------|-------|-------------|------------|------------|---------|----------|-----------|------------|-------|----------|------------|------------|-------|
|                          |       |           | e Acciden | nts        |       | Employee    | e Accident | s          | Е       | mploye   | e Acciden | ts         | I     | Employe  | e Accident | s          |       |
| Part of body             | Fatal | Major     | Lost Time | All Injury | Fatal | Major       | Lost Time  | All Injury | Fatal   | Major    | Lost Time | All Injury | Fatal | Major    | Lost Time  | All Injury | Total |
| Eye                      |       |           | 1         | 1          |       |             |            | 1          |         |          |           |            | 0     | 0        | 1          | 2          | 3     |
| Ear                      |       |           |           |            |       |             |            |            |         |          |           |            | 0     | 0        | 0          | 0          | 0     |
| Face -other parts        |       |           |           |            |       |             |            |            |         |          |           |            | 0     | 0        | 0          | 0          | 0     |
| Head                     |       |           |           |            |       |             |            |            |         |          |           |            | 0     | 0        | 0          | 0          | 0     |
| Several Head             |       |           |           |            |       |             |            |            |         |          |           |            | 0     | 0        | 0          | 0          | 0     |
| Neck                     |       |           |           |            |       |             |            |            |         |          |           |            | 0     | 0        | 0          | 0          | 0     |
| Back                     |       |           |           | 2          |       |             | 1          | 5          |         |          | 1         | 3          | 0     | 0        | 2          | 10         | 12    |
| Trunk                    |       |           |           |            |       |             |            |            |         |          |           |            | 0     | 0        | 0          | 0          | 0     |
| Several Torso            |       |           |           |            |       |             |            |            |         |          |           |            | 0     | 0        | 0          | 0          | 0     |
| Finger                   |       |           | 1         |            |       |             |            |            |         |          |           |            | 0     | 0        | 1          | 0          | 1     |
| Hand                     |       |           |           |            |       |             |            | 1          |         | 1        |           | 2          | 0     | 1        | 0          | 3          | 4     |
| Wrist                    |       |           |           |            |       |             |            | 1          |         |          |           | 1          | 0     | 0        | 0          | 2          | 2     |
| Upper Limb               |       |           |           |            |       |             |            | 1          |         |          |           | 1          | 0     | 0        | 0          | 2          | 2     |
| Several Upper Limb       |       |           |           |            |       |             |            |            |         |          |           |            | 0     | 0        | 0          | 0          | 0     |
| Toe                      |       |           |           |            |       |             |            |            |         |          |           |            | 0     | 0        | 0          | 0          | 0     |
| Foot                     |       |           |           |            |       |             |            |            |         |          |           |            | 0     | 0        | 0          | 0          | 0     |
| Ankle                    |       |           |           | 2          |       |             |            | 1          |         |          |           |            | 0     | 0        | 0          | 3          | 3     |
| Lower Limb               |       |           | 2         | 3          |       |             |            |            |         |          |           |            | 0     | 0        | 2          | 3          | 5     |
| Several Lower Limb       |       |           |           |            |       |             |            |            |         |          |           |            | 0     | 0        | 0          | 0          | 0     |
| Several Locations        |       |           |           | 1          |       |             |            | 1          |         |          |           | 2          | 0     | 0        | 0          | 4          | 4     |
| General Location         |       |           |           |            |       |             |            |            |         |          |           |            | 0     | 0        | 0          | 0          | 0     |
| Unspecified<br>Locations |       |           |           | 1          |       |             |            |            |         |          |           | 1          | 0     | 0        | 0          | 2          | 2     |
| Total                    | 0     | 0         | 4         | 10         | 0     | 0           | 1          | 11         | 0       | 1        | 1         | 10         | 0     | 1        | 6          | 31         | 38    |
|                          | Total | accidents | for April | 14         | Tota  | l accidents | for May    | 12         | Total a | ccidents | for June  | 10         |       |          |            |            |       |

## ACCIDENT ANALYSIS FORM ACCIDENT TYPE - EDUCATION & LEISURE - QUARTERLY STATISTICS- APRIL-JUNE 2006

|               |         | Α           | pril      |            |         | N         | <i>l</i> lay |            |         | Jı        | une       |            |       | Total fo | r Quarter | ,          |       |
|---------------|---------|-------------|-----------|------------|---------|-----------|--------------|------------|---------|-----------|-----------|------------|-------|----------|-----------|------------|-------|
|               |         | Employe     | e Acciden | ts         | Е       | mploye    | e Acciden    | ts         | Е       | Employee  | Accident  | s          |       | Employee | Accident  | s          |       |
| Accident type | Fatal   | Major       | Lost Time | All Injury | Fatal   | Major     | Lost Time    | All Injury | Fatal   | Major     | Lost Time | All Injury | Fatal | Major    | Lost Time | All Injury | Total |
| A             |         |             |           |            |         |           |              |            |         |           |           |            | 0     | 0        | 0         | 0          | 0     |
| В             |         |             |           |            |         |           |              |            |         |           |           |            | 0     | 0        | 0         | 0          | 0     |
| С             |         |             |           |            |         |           |              |            |         |           |           |            | 0     | 0        | 0         | 0          | 0     |
| D             |         |             |           |            |         |           |              |            |         |           |           |            | 0     | 0        | 0         | 0          | 0     |
| E             |         |             |           |            |         |           |              |            |         |           | 1         | 2          | 0     | 0        | 1         | 2          | 3     |
| F             |         |             |           |            |         | 1         |              | 2          |         |           |           |            | 0     | 1        | 0         | 2          | 3     |
| G             |         |             |           |            |         |           |              |            |         | 1         |           |            | 0     | 1        | 0         | 0          | 1     |
| Н             |         |             |           |            |         |           |              |            |         |           |           |            | 0     | 0        | 0         | 0          | 0     |
| l             |         |             |           |            |         |           |              |            |         |           |           |            | 0     | 0        | 0         | 0          | 0     |
| J             |         |             |           |            |         |           |              |            |         |           |           |            | 0     | 0        | 0         | 0          | 0     |
| K             |         |             |           |            |         |           |              |            |         |           |           |            | 0     | 0        | 0         | 0          | 0     |
| L             |         |             |           |            |         |           |              |            |         |           |           |            | 0     | 0        | 0         | 0          | 0     |
| М             |         |             |           |            |         |           |              |            |         |           |           |            | 0     | 0        | 0         | 0          | 0     |
| Ν             |         |             |           |            |         |           |              |            |         |           |           |            | 0     | 0        | 0         | 0          | 0     |
| 0             |         |             |           |            |         |           |              |            |         |           |           |            | 0     | 0        | 0         | 0          | 0     |
| P             |         |             |           |            |         |           |              |            |         |           | 1         |            | 0     | 0        | 1         | 0          | 1     |
| Total         | 0       | 0           | 0         | 0          | 0       | 1         | 0            | 2          | 0       | 1         | 2         | 2          | 0     | 2        | 2         | 4          | 8     |
|               | Total a | accidents 1 | for April | 0          | Total a | accidents | s for May    | 3          | Total a | accidents | for June  | 5          |       |          |           |            |       |

- A Contact with moving machinery, or material being machined
- B Hit by a moving, falling or flying object
- C Hit by a moving vehicle
- D Hit something fixed or stationary
- E Injured while lifting, handling or carrying
- F Slipped Tripped or fell on same level
- G Fell from height (estimate height)
- H Trapped by something collapsing
- I Drowned or asphyxiated
- J Exposure to, or contact with, a harmful substance
- K Exposure to fire
- L Affected by explosion
- M Contact with electricity, or electrical discharge
- N Injured by an animal
- O Physically assaulted by another person
- P Another kind of accident not classified in A to O, including threats of violence

#### NATURE OF INJURY APPENDIX B

#### **EDUCATION & LEISURE - QUARTERLY STATISTICS - APRIL-JUNE 2006**

|                    |       | A           | oril      |            |       |            | May       |            |       | Jı          | une       |            | -     | Total f | or Quart  | er         | 7     |
|--------------------|-------|-------------|-----------|------------|-------|------------|-----------|------------|-------|-------------|-----------|------------|-------|---------|-----------|------------|-------|
|                    | E     |             | Accidents | 3          |       | Employ     | ee Accide | nts        |       | Employee    | Accident  | s          | E     | mploy   | ee Accide | nts        |       |
| Nature of injury   | Fatal | Major       | Lost Time | All Injury | Fatal | Major      | Lost Time | All Injury | Fatal | Major       | Lost Time | All Injury | Fatal | Major   | Lost Time | All Injury | Total |
| Amputation         |       |             |           |            |       |            |           |            |       |             |           |            | 0     | 0       | 0         | 0          | 0     |
| Loss of Sight      |       |             |           |            |       |            |           |            |       |             |           |            | 0     | 0       | 0         | 0          | 0     |
| Fracture           |       |             |           |            |       | 1          |           |            |       | 1           |           |            | 0     | 2       | 0         | 0          | 2     |
| Dislocation        |       |             |           |            |       |            |           |            |       |             |           |            | 0     | 0       | 0         | 0          | 0     |
| Concuss / Internal |       |             |           |            |       |            |           |            |       |             |           |            | 0     | 0       | 0         | 0          | 0     |
| Laceration         |       |             |           |            |       |            |           |            |       |             |           |            | 0     | 0       | 0         | 0          | 0     |
| Contusion          |       |             |           |            |       |            |           |            |       |             |           |            | 0     | 0       | 0         | 0          | 0     |
| Burn               |       |             |           |            |       |            |           |            |       |             |           |            | 0     | 0       | 0         | 0          | 0     |
| Asphyxia / Poison  |       |             |           |            |       |            |           |            |       |             |           |            | 0     | 0       | 0         | 0          | 0     |
| Strain             |       |             |           |            |       |            |           | 2          |       |             | 2         |            | 0     | 0       | 2         | 2          | 4     |
| Superficial        |       |             |           |            |       |            |           |            |       |             |           | 2          | 0     | 0       | 0         | 2          | 2     |
| Multiple           |       |             |           |            |       |            |           |            |       |             |           |            | 0     | 0       | 0         | 0          | 0     |
| Electricity        |       |             |           |            |       |            |           |            |       |             |           |            | 0     | 0       | 0         | 0          | 0     |
| Natural Cause      |       |             |           |            |       |            |           |            |       |             |           |            | 0     | 0       | 0         | 0          | 0     |
| Other Known        |       |             |           |            |       |            |           |            |       |             |           |            | 0     | 0       | 0         | 0          | 0     |
| Other Not Known    |       |             |           |            |       |            |           |            |       |             |           |            | 0     | 0       | 0         | 0          | 0     |
| Total              | 0     | 0           | 0         | 0          | 0     | 1          | 0         | 2          | 0     | 1_          | 2         | 2          | 0     | 2       | 2         | 4          | 8     |
|                    | Total | accidents 1 | for April | 0          | Tota  | l accident | s for May | 3          | Tota  | l accidents | for June  | 5          |       |         |           |            |       |

Amputation Amputation involving loss of part/whole, digit etc. Includes severance of torso, ear or nose but excludes loss of tooth or nail

Loss of Sight Loss of sight of eye (major whether permanent or temporary)

Fracture Fracture with dislocation, chipped or cracked bone; hairline fracture. (major - other than to the finger, thumbs or toes)

Dislocation Dislocation without fracture (major - if shoulder, hip knee or spine)

lacerations and open wounds resulting in severed tendon, nerve, blood vessels (including damage to eye) and cuts requiring stitches (major if admittance to hospital for more than

Laceration 24hrs)

Contusion Injuries which do not break the skin surface, bruises and crushing associated with superficial injuries. Includes damage to eyes.

Burn Burns from electrical heating appliances, electricity, flame, hot or cold object, external chemical burns, welders eye flash.

Asphyxia / Poison Oxygen deficiency and acute ill health effects of the ingestion, absorption or inhalation of toxic corrosive or caustic substances and asphyxiation by gases, smoke fumes etc.

Strain Strains and sprains inc back pain and torn ligaments

Abrasions, scratches, blisters, bites or non-venomous insects, foreign body in the eyes causing superficial injury, cuts not requiring stitches, puncture wounds, loss of tooth / nail,

Superficial graze

Multiple Injuries of more than one type and where no one injury is more severe

Electricity Loss of consciousness, shock etc from electricity or electrical appliances

Natural Cause Natural causes including heart attack

Other Known Other known nature where the injury can be identified but is not included in another category, includes traumatic shock.

# PART OF THE BODY INJURED EDUCATION & LEISURE - QUARTERLY STATISTICS – APRIL-JUNE 2006

|                          |                             |         | April     |            |       | N         | lay        |            |       | J         | une        |            |       | Total f | or Quarte | r          | 1     |
|--------------------------|-----------------------------|---------|-----------|------------|-------|-----------|------------|------------|-------|-----------|------------|------------|-------|---------|-----------|------------|-------|
|                          |                             | Employe | e Acciden | ts         | Е     | mployee   | e Accident | :s         |       | Employe   | e Accident | ts         |       | Employe | e Acciden | ts         |       |
| Part of body             | Fatal                       | Major   | Lost Time | All Injury | Fatal | Major     | Lost Time  | All Injury | Fatal | Major     | Lost Time  | All Injury | Fatal | Major   | Lost Time | All Injury | Total |
| Eye                      |                             |         |           |            |       |           |            |            |       |           |            |            | 0     | 0       | 0         | 0          | 0     |
| Ear                      |                             |         |           |            |       |           |            |            |       |           |            |            | 0     | 0       | 0         | 0          | 0     |
| Face -other parts        |                             |         |           |            |       |           |            |            |       |           |            |            | 0     | 0       | 0         | 0          | 0     |
| Head                     |                             |         |           |            |       |           |            |            |       |           |            |            | 0     | 0       | 0         | 0          | 0     |
| Several Head             |                             |         |           |            |       |           |            |            |       |           |            |            | 0     | 0       | 0         | 0          | 0     |
| Neck                     |                             |         |           |            |       |           |            |            |       |           |            |            | 0     | 0       | 0         | 0          | 0     |
| Back                     |                             |         |           |            |       |           |            | 1          |       |           | 1          |            | 0     | 0       | 1         | 1          | 2     |
| Trunk                    |                             |         |           |            |       |           |            |            |       |           |            |            | 0     | 0       | 0         | 0          | 0     |
| Several Torso            |                             |         |           |            |       |           |            |            |       |           |            |            | 0     | 0       | 0         | 0          | 0     |
| Finger                   |                             |         |           |            |       |           |            |            |       |           |            |            | 0     | 0       | 0         | 0          | 0     |
| Hand                     |                             |         |           |            |       |           |            |            |       |           |            |            | 0     | 0       | 0         | 0          | 0     |
| Wrist                    |                             |         |           |            |       |           |            |            |       | 1         |            |            | 0     | 1       | 0         | 0          | 1     |
| Upper Limb               |                             |         |           |            |       |           |            |            |       |           |            |            | 0     | 0       | 0         | 0          | 0     |
| Several Upper Limb       |                             |         |           |            |       |           |            |            |       |           |            | 2          | 0     | 0       | 0         | 2          | 2     |
| Тое                      |                             |         |           |            |       |           |            |            |       |           |            |            | 0     | 0       | 0         | 0          | 0     |
| Foot                     |                             |         |           |            |       | 1         |            |            |       |           |            |            | 0     | 1       | 0         | 0          | 1     |
| Ankle                    |                             |         |           |            |       |           |            |            |       |           | 1          |            | 0     | 0       | 1         | 0          | 1     |
| Lower Limb               |                             |         |           |            |       |           |            |            |       |           |            |            | 0     | 0       | 0         | 0          | 0     |
| Several Lower Limb       |                             |         |           |            |       |           |            |            |       |           |            |            | 0     | 0       | 0         | 0          | 0     |
| Several Locations        |                             |         |           |            |       |           |            | 1          |       |           |            |            | 0     | 0       | 0         | 1          | 1     |
| General Location         |                             |         |           |            |       |           |            |            |       |           |            |            | 0     | 0       | 0         | 0          | 0     |
| Unspecified<br>Locations |                             |         |           |            |       |           |            |            |       |           |            |            | 0     | 0       | 0         | 0          | 0     |
| Total                    | 0                           | 0       | 0         | 0          | 0     | 1         | 0          | 2          | 0     | 1         | 2          | 2          | 0     | 2       | 2         | 4          | 8     |
|                          | Total accidents for April 0 |         |           |            |       | accidents | for May    | 3          |       | accidents | for June   | 5          |       |         | L         |            |       |

### ACCIDENT ANALYSIS FORM ACCIDENT TYPE - SOCIAL SERVICES - QUARTERLY STATISTICS - APRIL-JUNE 2006

| I             |                              | A       | pril      |            |       | ľ         | Мау       |            |          | ,      | June       |            |       | Total for | Quarter   |            |       |
|---------------|------------------------------|---------|-----------|------------|-------|-----------|-----------|------------|----------|--------|------------|------------|-------|-----------|-----------|------------|-------|
|               | E                            | mployee | Accident  | s          | E     | Employe   | e Acciden | its        | Er       | nploye | e Accide   | nts        | E     | mployee   | Accidents | s          |       |
| Accident Type | Fatal                        | Major   | Lost Time | All Injury | Fatal | Major     | Lost Time | All Injury | Fatal    | Major  | Lost Time  | All Injury | Fatal | Major     | Lost Time | All Injury | Total |
| 4             |                              |         |           |            |       |           |           |            |          |        |            |            | 0     | 0         | 0         | 0          | 0     |
| 3             |                              |         |           |            |       |           |           | 2          |          |        |            | 3          | 0     | 0         | 0         | 5          | 5     |
| C             |                              |         |           |            |       |           |           |            |          |        |            |            | 0     | 0         | 0         | 0          | 0     |
| <br>D         |                              |         |           | 1          |       |           |           | 2          |          |        |            |            | 0     | 0         | 0         | 3          | 3     |
| E             |                              |         |           | 3          |       |           |           | 6          |          |        |            | 6          | 0     | 0         | 0         | 15         | 15    |
| F             |                              |         |           | 1          |       |           |           | 2          |          |        |            |            | 0     | 0         | 0         | 3          | 3     |
| G             |                              |         |           |            |       |           |           | 1          |          |        |            |            | 0     | 0         | 0         | 1          | 1     |
| Н             |                              |         |           |            |       |           |           |            |          |        |            |            | 0     | 0         | 0         | 0          | 0     |
| I             |                              |         |           |            |       |           |           |            |          |        |            |            | 0     | 0         | 0         | 0          | 0     |
| J             |                              |         |           |            |       |           |           |            |          |        |            |            | 0     | 0         | 0         | 0          | 0     |
| K             |                              |         |           |            |       |           |           |            |          |        |            |            | 0     | 0         | 0         | 0          | 0     |
| L             |                              |         |           |            |       |           |           |            |          |        |            |            | 0     | 0         | 0         | 0          | 0     |
| M             |                              |         |           |            |       |           |           |            |          |        |            |            | 0     | 0         | 0         | 0          | 0     |
| N             |                              |         |           |            |       |           |           |            |          |        |            |            | 0     | 0         | 0         | 0          | 0     |
| 0             |                              |         |           | 1          |       |           |           | 2          |          |        |            | 1          | 0     | 0         | 0         | 4          | 4     |
| <br>P         | -                            |         | 1         | 4          |       |           |           | 1          |          |        |            | 1          | 0     | 0         | 1         | 6          | 7     |
| Total         | 0                            | 0       | 1         | 10         | 0     | 0         | 0         | 16         | 0        | 0      | 0          | 11         | 0     | 0         | 1         | 37         | 38    |
|               | Total accidents for April 11 |         |           |            | Total | accidents | for May   | 16         | Total ac | cident | s for June | 11         |       |           |           |            |       |

- A Contact with moving machinery,or material being machined
- B Hit by a moving, falling or flying object
- C Hit by a moving vehicle
- D Hit something fixed or stationary
- E Injured while lifting, handling or carrying
- F Slipped Tripped or fell on same level
- G Fell from height (estimate height)
- H Trapped by something collapsing
- I Drowned or asphyxiated
- J Exposure to, or contact with, a harmful substance
- K Exposure to fire
- L Affected by explosion
- M Contact with electricity, or electrical discharge
- N Injured by an animal
- O Physically assaulted by another person
- P Another kind of accident not classified in A to O, including threats of violence

## NATURE OF INJURY SOCIAL SERVICES - QUARTERLY STATISTICS – APRIL-JUNE 2006

|                    |       | A         | April     |            |       | N         | <i>l</i> lay |            |       | J         | une        |            |       | Total         | for Quart | er         |      |
|--------------------|-------|-----------|-----------|------------|-------|-----------|--------------|------------|-------|-----------|------------|------------|-------|---------------|-----------|------------|------|
|                    |       | Employe   | e Acciden | ts         |       | Employe   | e Accident   | s          |       | Employe   | e Accident | s          |       | <b>Employ</b> | ee Accide | nts        |      |
| Nature of injury   | Fatal | Major     | Lost Time | All Injury | Fatal | Major     | Lost Time    | All Injury | Fatal | Major     | Lost Time  | All Injury | Fatal | Major         | Lost Time | All Injury | Tota |
| Amputation         |       |           |           |            |       |           |              |            |       |           |            |            | 0     | 0             | 0         | 0          | 0    |
| Loss of Sight      |       |           |           |            |       |           |              |            |       |           |            |            | 0     | 0             | 0         | 0          | 0    |
| Fracture           |       |           |           |            |       |           |              |            |       |           |            |            | 0     | 0             | 0         | 0          | 0    |
| Dislocation        |       |           |           |            |       |           |              |            |       |           |            |            | 0     | 0             | 0         | 0          | 0    |
| Concuss / Internal |       |           |           |            |       |           |              |            |       |           |            |            | 0     | 0             | 0         | 0          | 0    |
| Laceration         |       |           |           |            |       |           |              |            |       |           |            | 1          | 0     | 0             | 0         | 1          | 1    |
| Contusion          |       |           |           | 2          |       |           |              | 3          |       |           |            | 2          | 0     | 0             | 0         | 7          | 7    |
| Burn               |       |           |           |            |       |           |              | 1          |       |           |            | 1          | 0     | 0             | 0         | 2          | 2    |
| Asphyxia / Poison  |       |           |           |            |       |           |              |            |       |           |            |            | 0     | 0             | 0         | 0          | 0    |
| Strain             |       |           | 1         | 3          |       |           |              | 4          |       |           |            | 6          | 0     | 0             | 1         | 13         | 14   |
| Superficial        |       |           |           | 3          |       |           |              |            |       |           |            |            | 0     | 0             | 0         | 3          | 3    |
| Multiple           |       |           |           |            |       |           |              |            |       |           |            |            | 0     | 0             | 0         | 0          | 0    |
| Electricity        |       |           |           |            |       |           |              |            |       |           |            |            | 0     | 0             | 0         | 0          | 0    |
| Natural Cause      |       |           |           |            |       |           |              |            |       |           |            |            | 0     | 0             | 0         | 0          | 0    |
| Other Known        |       |           |           | 1          |       |           |              | 5          |       |           |            |            | 0     | 0             | 0         | 6          | 6    |
| Other Not Known    |       |           |           | 1          |       |           |              | 3          |       |           |            | 1          | 0     | 0             | 0         | 5          | 5    |
| Total              | 0     | 0         | 1         | 10         | 0     | 0         | 0            | 16         | 0     | 0         | 0          | 11         | 0     | 0             | 1         | 37         | 38   |
|                    | Total | accidents | for April | 11         | Tota  | accidents | for May      | 16         | Total | accidents | for June   | 11         |       |               |           |            |      |

Amputation Amputation involving loss of part/whole, digit etc. Includes severance of torso, ear or nose but excludes loss of tooth or nail

Loss of Sight loss of sight of eye ( major whether permanent or temporary)

Fracture Fracture with dislocation, chipped or cracked bone; hairline fracture. (major - other than to the finger, thumbs or toes)

Dislocation Dislocation without fracture (major - if shoulder, hip knee or spine)

Concuss / Internal Internal damage without fracture to skull, chest, pelvis, abdomen etc includes disc lesion and hernia and excludes injuries to limbs (major if concussion leads to unconsciousness)

Lacerations and open wounds resulting in severed tendon, nerve, blood vessels (including damage to eye) and cuts requiring stitches (major if admittance to hospital for more than 24hrs)

Contusion Injuries which do not break the skin surface, bruises and crushing associated with superficial injuries. Includes damage to eyes.

Burn Burns from electrical heating appliances, electricity, flame, hot or cold object, external chemical burns, welders eye flash.

Asphyxia / Poison Oxygen deficiency and acute ill health effects of the ingestion, absorption or inhalation of toxic corrosive or caustic substances and asphyxiation by gases, smoke fumes etc.

Strain Strains and sprains inc back pain and torn ligaments

Superficial Abrasions, scratches, blisters, bites or non-venomous insects, foreign body in the eyes causing superficial injury, cuts not requiring stitches, puncture wounds, loss of tooth / nail, graze.

Multiple Injuries of more than one type and where no one injury is more severe

Electricity Loss of consciousness, shock etc from electricity or electrical appliances

Natural Cause Natural causes including heart attack

Other Known Other known nature where the injury can be identified but is not included in another category, includes traumatic shock.

# PART OF THE BODY INJURED SOCIAL SERVICES -QUARTERLY STATISTICS - APRIL-JUNE 2006

|                          |                              | P       | April     |            |       | Ma          | ay        |            |       |               | June            |            |       | Total fo | or Quarte | r          |       |
|--------------------------|------------------------------|---------|-----------|------------|-------|-------------|-----------|------------|-------|---------------|-----------------|------------|-------|----------|-----------|------------|-------|
|                          |                              | Employe | e Acciden | ts         |       | Employee    | Accidents |            | E     | Emplo         | yee Accid       | ents       |       | Employe  | e Acciden | ts         |       |
| Part of Body             | Fatal                        | Major   | Lost Time | All Injury | Fatal | Major       | Lost Time | All Injury | Fatal | Major         | Lost Time       | All Injury | Fatal | Major    | Lost Time | All Injury | Total |
| Eye                      |                              |         |           |            |       |             |           | 1          |       |               |                 |            | 0     | 0        | 0         | 1          | 1     |
| Ear                      |                              |         |           |            |       |             |           |            |       |               |                 |            | 0     | 0        | 0         | 0          | 0     |
| Face -other parts        |                              |         |           | 1          |       |             |           | 1          |       |               |                 |            | 0     | 0        | 0         | 2          | 2     |
| Head                     |                              |         |           | 1          |       |             |           | 1          |       |               |                 |            | 0     | 0        | 0         | 2          | 2     |
| Several Head             |                              |         |           |            |       |             |           |            |       |               |                 |            | 0     | 0        | 0         | 0          | 0     |
| Neck                     |                              |         |           |            |       |             |           |            |       |               |                 | 1          | 0     | 0        | 0         | 1          | 1     |
| Back                     |                              |         | 1         | 3          |       |             |           | 3          |       |               |                 | 3          | 0     | 0        | 1         | 9          | 10    |
| Trunk                    |                              |         |           |            |       |             |           |            |       |               |                 |            | 0     | 0        | 0         | 0          | 0     |
| Several Torso            |                              |         |           |            |       |             |           |            |       |               |                 |            | 0     | 0        | 0         | 0          | 0     |
| Finger                   |                              |         |           |            |       |             |           |            |       |               |                 | 2          | 0     | 0        | 0         | 2          | 2     |
| Hand                     |                              |         |           | 1          |       |             |           |            |       |               |                 |            | 0     | 0        | 0         | 1          | 1     |
| Wrist                    |                              |         |           |            |       |             |           |            |       |               |                 |            | 0     | 0        | 0         | 0          | 0     |
| Upper Limb               |                              |         |           | 2          |       |             |           | 3          |       |               |                 | 1          | 0     | 0        | 0         | 6          | 6     |
| Several Upper Limb       |                              |         |           |            |       |             |           |            |       |               |                 |            | 0     | 0        | 0         | 0          | 0     |
| Toe                      |                              |         |           |            |       |             |           | 1          |       |               |                 |            | 0     | 0        | 0         | 1          | 1     |
| Foot                     |                              |         |           |            |       |             |           | 1          |       |               |                 | 1          | 0     | 0        | 0         | 2          | 2     |
| Ankle                    |                              |         |           | 1          |       |             |           | 1          |       |               |                 |            | 0     | 0        | 0         | 2          | 2     |
| Lower Limb               |                              |         |           |            |       |             |           |            |       |               |                 | 1          | 0     | 0        | 0         | 1          | 1     |
| Several Lower Limb       |                              |         |           |            |       |             |           |            |       |               |                 |            | 0     | 0        | 0         | 0          | 0     |
| Several Locations        |                              |         |           | 1          |       |             |           | 4          |       |               |                 | 2          | 0     | 0        | 0         | 7          | 7     |
| General Location         |                              |         |           |            |       |             |           |            |       |               |                 |            | 0     | 0        | 0         | 0          | 0     |
| Unspecified<br>Locations |                              |         |           |            |       |             |           |            |       |               |                 |            | 0     | 0        | 0         | 0          | 0     |
| Total                    | 0                            | 0       | 1         | 10         | 0     | 0           | 0         | 16         | 0     | 0             | 0               | 11         | 0     | 0        | 1         | 37         | 38    |
|                          | Total accidents for April 11 |         |           |            |       | I accidents | for May   | 16         | Tot   | al acci<br>Ju | dents for<br>ne | 11         |       |          |           |            |       |