


HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Form 1769

	<h1>Accident Report</h1>
<h2>Instructions</h2>	
<p>General Information</p>	<p>The supervisor of the employee or operation involved must complete this form for all accidents regardless of extent of injury or amount of damage. Review all instructions and codes before completing this form. The Safety and Health office is available for assistance.</p> <p>Information forwarded to the Office of Workers' Compensation Programs (OWCP) must not differ from information on this form.</p>
<p>Multiple Person Accidents</p>	<p>When more than one person is injured as a result of the accident, complete a separate form for each individual and use the same accident number on each form. Complete all items for the first person including the narrative. For additional persons involved, complete only Items 1-4, 37-55. Note: If more than one postal employee is involved in the accident, follow the instructions outlined above, regardless of whether there was injury or not.</p>
<p>Submission Procedures</p>	<ol style="list-style-type: none"> 1. The supervisor must complete this form within 24 hours of the date of the accident, the diagnosis of illness, or the date they were notified of the situation. The next level supervisor must verify all information on the form. 2. The Manager, Safety and Health Services at the Division has the responsibility for reviewing the accuracy of the coding submitted on each PS Form 1769, <i>Accident Report</i>, or electronically entered into the Human Resources Information System (HRIS) Safety and Health Subsystem and accident log. If the codes on PS Form 1769 do not match with the narrative submitted by the supervisor of the employee or operation involved, the Manager, Safety and Health Services, is responsible for resolving the inconsistency. 3. The installation head forwards the original accident report to the safety office within 3 calendar days of the accident. 4. The local office must retain a copy of all reports (reportable or nonreportable) in that office for a 5-year period. Incorrectly filed or improperly coded 1769s may be returned to the originating office by the safety office. These must be corrected and resubmitted within 3 calendar days of receipt. 5. The safety office must: <ul style="list-style-type: none"> • review the completed form to ensure accuracy of codes; • coordinate any changes with the reporting office; • complete necessary items; • assign number and enter the accident information into the HRIS Safety and Health Subsystem within 1 calendar day of receipt, and; • retain the original copy for a period of 5 years.
<p>Determining Reportable Accidents</p>	<p>The safety office assigns a number on all forms (Item 4), using HRIS guidelines, for both reportable and nonreportable incidents, including unadjudicated occupational illness cases, when it covers any of the following kinds of injuries, illnesses or damages:</p> <ol style="list-style-type: none"> 1. All occupational traumatic injuries to postal employees regardless of whether the employee elects to file a Form CA-1 (<i>Federal Employee Notice of Traumatic Injury & Claim for Continuation of Pay/Compensation</i>) or a Form CA-6 (<i>U.S. Dept. of Labor — Official Superiors Report of Employee's Death</i>) is submitted to OWCP, and regardless of whether or not the OWCP claim is controverted. <p>EXCEPTION: A First Aid case must be logged and coded "6" in Item 44 of this form. The report must be held as a nonreportable case at the safety office, when first aid care (NOT exceeding 2 visits) is provided by postal medical/health units or contract treating facilities unless the accident involves property damage such as may occur with a motor vehicle accident.</p> <p>NOTE: Cases with medical dispositions for limited duty are not to be coded as first aid injuries.</p> 2. All occupational illnesses, including heart attacks, if a CA-2 (<i>Federal Employee's Notice of Occupational Disease and Claim for Compensation</i>) or CA-6 is submitted to OWCP. <p>EXCEPTION: If an occupational illness, the form must be forwarded to the safety office for recording in the HRIS. These cases will be logged, assigned a reporting code and number, pending adjudication by the OWCP. Safety offices are to monitor OWCP decisions and amend the status of the case in the HRIS. Instructions for amendments/deletions are included in HRIS Safety and Health Updates.</p> 3. Injuries or fatalities to non-postal persons on postal premises. 4. All motor vehicle accidents. 5. Property damage of \$500 or more, regardless of ownership. 6. Fire damage of \$100 or more regardless of ownership.
<p>Adjustments and Deletions</p>	<p>Whenever there is a change in status, or if you discover an error in a previously filed 1769, within 3 calendar days send a copy of the Form 1769 and written justification and documents supporting the amendment/deletion to the servicing safety office for action.</p>

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Form 1769 (continued)

**Instructions for
Items 1-61**

Item 1: **Post Office, Station, Branch, Unit** (*City, State & ZIP Code*) — Self-explanatory.

Item 2: **Finance Number** — Self-explanatory.

Item 3: **Installation ID** — The Installation ID is a 4-digit code.

Item 4: **Accident Number** — The safety office assigns numbers in ascending order, through HRIS, starting each FY with 0001, then 0002, etc. Keep a record of used numbers as duplicate or missing numbers will initiate unnecessary correspondence. Start with 0001 the following FY.

Item 5: **Kind of Accident** — Check the appropriate box.

Motor Vehicle — Any mechanically or electrically powered device designed for movement, not operated on rails, upon which or by which any person or property can be transported or drawn upon a land highway. The load on a motor vehicle is considered part of the vehicle.

Do **not** consider equipment such as vehicles operated on fixed rails, fork lifts, bicycles, or similar equipment as motor vehicles.

A motor vehicle accident is any accident involving a motor vehicle which is operated on official postal business, regardless of the ownership of the vehicle and which results in death, injury or property damage of one dollar or more, unless the vehicle is legally parked (*see note below*). Who was injured, what property was damaged or to what extent, where the accident occurred, or who was responsible is not a factor.

NOTE: A legally parked vehicle is one in which the engine is turned off, the driver is not operating the controls, and the vehicle is parked where it is legal to do so. Temporarily "stopping" a vehicle without turning off the ignition, to load or unload mail, property, or persons, or a vehicle stopped at a sign, signal, police signal, or stalled in traffic, does not constitute a legally parked vehicle. If special written permission has been granted by law enforcement or municipal authorities to park in designated "No Parking" areas, and the postal vehicle is otherwise properly parked, the event may be classified as a parked industrial accident.

Natural Event — A natural event accident is any occurrence limited solely to property damage caused by such natural events as hurricane, flood, lightning, earthquake, volcano, hail, etc.

Other — This code is used to identify incidents involving vandalism or where only a non-employee was in an accident on postal premises. It shall not be used for incidents involving "on duty" postal employees. Example: A customer falls in a postal lobby.

Item 6: **Fire Involved** — Check appropriate box on the form: if box 2 or 3 is checked, Item 23 must be a fire code (#300-369).

1. — None.

2. — Building and Contents refers to any type of structure as well as all equipment, vehicles, stores, supplies, or material on, under, or within the structure.

3. — Other includes open storage, fires in collection or relay boxes, vehicles, or any other fires not in a building.

Item 7: **Accident Resulted in** — Check applicable box. If box 2 or 3 is checked also complete items 9 & 10. If box 4 is checked, this is a no incident, nonreportable case. There is no requirement to file a report. That is, no injury or property damage occurred as a result of incident.

Item 8: **Was On-Site Investigation Conducted By Immediate Supervisor?** — Check one.

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Form 1769 (continued)

Item 9: Ownership of Damaged Property — If there was property damage select appropriate codes from the lists below:

<p>a. Postal</p> <p>0 — Not Applicable 1 — Postal</p>	<p>b. Non-Postal</p> <p>0 — Not Applicable 2 — Other government agency 3 — Private party 4 — Employee's personal property used in postal operation, including privately owned rural carrier vehicles 5 — Hired, leased, or rented 6 — Contractor working on premises 7 — Star route or messenger 8 — Other (<i>explain in narrative</i>) 9 — Combination of the above</p>
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Item 10: Estimated Property Damage (round to nearest dollar) — (*For example, \$987.65 must be written as \$ 0 0 0 9 8 8*) — When possible, coordinate estimates with the managers of fleet operations, plant maintenance or procurement services.

a. Enter all postal damage here.
b. Enter all non-postal damage here. (*including privately owned rural carrier vehicles*)

Item 11: Accident Date — Use numerals. For example, February 28, 1991, must be written as 02/28/91.

Item 12: Time of Day Accident Happened — Use 24 hour clock. For example, 1:05 PM must be written as 1305, or 1:45 PM must be written as 1345.

Item 13: Day of Week — Check one.

Item 14: Weather — Enter the code from the following list that best describes the weather at the accident scene.

<p>1. — Clear 2. — Cloudy 3. — Rain</p>	<p>4. — Snow 5. — Fog 6. — Sleet 9. — Not applicable (<i>if accident happened indoors</i>)</p>
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Item 15: General Description of Accident Area — Enter the code from the following list that best describes the neighborhood.

<p>1. City business 2. City residential 3. Suburban business</p>	<p>4. Suburban residential 5. Rural 9. Not Applicable (use this code when accident occurs on postal premises)</p>
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Item 16: Building Where Accident Happened — If the accident happened in, or on the premises of a specific building, enter the appropriate code from the following list:

Postal

Associate Office	
01 Category A-G P.O.	13 Headquarters Office
03 Category H-J P.O.	14 Postal Data Center
05 Category K P.O.	15 Supply Center
06 Category L P.O.	16 Mail Equipment Shop
Station/Branch	18 Independent Mail Processing Center
02 Category A-G	19 Mail Bag Depository and Repair Center
04 Category H-J	22 Railroad Terminal
07 Division — Main Office	23 Truck Terminal
08 MSC — Main Office	24 Bulk Mail Center
10 Vehicle Maintenance Facility	25 Postal Training Facility
11 Airmail Facility	26 Other
12 Regional Office	

Non-Postal

50 Other government building
51 Customer's building/premises
97 Other (<i>Explain in narrative</i>)
99 Not applicable

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Form 1769 (continued)

Item 17:	<p>Work Location — Enter the code from the following list that best describes the type of work area or type of route where the employee was working.</p> <p>On Postal Premises</p> <table border="0"> <tr> <td>01 Facing tables</td> <td>33 Cancellation</td> </tr> <tr> <td>02 Processing metered mail</td> <td>34 Dispatching; staging area</td> </tr> <tr> <td>03 Outgoing letter primary</td> <td>35 Outgoing newspaper</td> </tr> <tr> <td>04 Outgoing letter secondary</td> <td>36 Incoming newspaper</td> </tr> <tr> <td>06 Outgoing flat primary</td> <td>37 Sack examination area</td> </tr> <tr> <td>07 Outgoing flat secondary</td> <td>38 NMO and irregulars</td> </tr> <tr> <td>09 Outgoing parcel post primary</td> <td>39 OCR — optical character reader</td> </tr> <tr> <td>10 Outgoing parcel post secondary</td> <td>40 Bar Code Sorter</td> </tr> <tr> <td>12 Outgoing small parcels & rolls primary</td> <td>42 Office work</td> </tr> <tr> <td>13 Outgoing small parcels & rolls secondary</td> <td>43 Miscellaneous non-mail handling activities by Mailing Division employees</td> </tr> <tr> <td>15 Incoming letter primary</td> <td>45 Computerized Forwarding System</td> </tr> <tr> <td>16 Incoming letter secondary</td> <td>47 Registry</td> </tr> <tr> <td>17 Incoming flat primary</td> <td>48 Carrier—office work</td> </tr> <tr> <td>18 Incoming flat secondary</td> <td>49 Dock & platform area</td> </tr> <tr> <td>19 Incoming parcel post primary</td> <td>51 Sorting machine cat walks, drive platform, and maintenance areas</td> </tr> <tr> <td>20 Incoming parcel post secondary</td> <td>52 Flat sorting machine (FSM)</td> </tr> <tr> <td>21 Sack shakeout; 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Item 20:	<p>Light — Enter the code from the following list that best describes the type of light in which the accident occurred.</p> <table border="0"> <tr> <td>01 Dawn</td> <td>04 Light provided but out</td> </tr> <tr> <td>02 Dark and unlighted</td> <td>05 Daylight—clear</td> </tr> <tr> <td>03 Lighted or illuminated</td> <td>06 Daylight—overcast</td> </tr> <tr> <td></td> <td>07 Dusk</td> </tr> </table>	01 Dawn	04 Light provided but out	02 Dark and unlighted	05 Daylight—clear	03 Lighted or illuminated	06 Daylight—overcast		07 Dusk																																																																																
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Form 1769 (continued)

Item 21:	<p>Surface — Enter the code from the following list that best describes the type of surface on which the accident occurred.</p> <table border="0"> <tr> <td>01 Concrete</td> <td>07 Wood</td> </tr> <tr> <td>02 Blacktop</td> <td>08 Metal</td> </tr> <tr> <td>03 Brick and stone</td> <td>09 Sand</td> </tr> <tr> <td>04 Gravel</td> <td>10 Grass</td> </tr> <tr> <td>05 Dirt</td> <td>11 Other (<i>Explain in narrative</i>)</td> </tr> <tr> <td>06 Tile</td> <td>12 Carpet</td> </tr> </table>	01 Concrete	07 Wood	02 Blacktop	08 Metal	03 Brick and stone	09 Sand	04 Gravel	10 Grass	05 Dirt	11 Other (<i>Explain in narrative</i>)	06 Tile	12 Carpet																																																				
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Item 22:	<p>Surface Conditions — Enter the code from the following list that best describes the surface conditions on which the accident occurred.</p> <table border="0"> <tr> <td>01 Dry</td> <td>06 Oily or slick</td> </tr> <tr> <td>02 Wet</td> <td>08 Icy</td> </tr> <tr> <td>03 Muddy</td> <td>09 Uneven or potholes</td> </tr> <tr> <td>04 Snow</td> <td>10 Other (<i>Explain in narrative</i>)</td> </tr> <tr> <td>05 Loose sand or dirt</td> <td></td> </tr> </table>	01 Dry	06 Oily or slick	02 Wet	08 Icy	03 Muddy	09 Uneven or potholes	04 Snow	10 Other (<i>Explain in narrative</i>)	05 Loose sand or dirt																																																							
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Item 23:	<p>Circumstances Leading to Injury or Damage — Enter the code from the following list that best describes the action or condition which caused the accident.</p> <p>Industrial</p> <table border="0"> <tr> <td>General</td> <td>Falls from elevation</td> </tr> <tr> <td>001 Caught in, under or between</td> <td>050 On stairs/steps</td> </tr> <tr> <td>002 Stepping in or on object (<i>not falling</i>)</td> <td>051 From platforms</td> </tr> <tr> <td>003 Tripping on or tripped by object (<i>not falling</i>)</td> <td>052 From porches</td> </tr> <tr> <td>004 Slipping and twisting (<i>not falling</i>)</td> <td>053 From docks</td> </tr> <tr> <td>005 Exposure to extreme temperatures</td> <td>054 From curbs</td> </tr> <tr> <td>006 Inhalation</td> <td>055 From ramps</td> </tr> <tr> <td>007 Striking against material or equipment</td> <td>056 From chairs, stools</td> </tr> <tr> <td>008 Jumping to or from places</td> <td>057 From stationary vehicles</td> </tr> <tr> <td>009 Stooping/bending</td> <td>059 Into floor openings</td> </tr> <tr> <td>Animals</td> <td>Lifting, pulling, pushing, throwing, keying</td> </tr> <tr> <td>010 Dog bite</td> <td>080 Lifting from or to a higher level</td> </tr> <tr> <td>011 Dog incident (<i>other than bite</i>)</td> <td>081 Handling at same level</td> </tr> <tr> <td>012 Other animal bite</td> <td>090 Pulling from or to a higher level</td> </tr> <tr> <td>013 Other animal incident (<i>not bites</i>)</td> <td>091 Pulling at same level</td> </tr> <tr> <td>014 Insect bite/sting</td> <td>100 Pushing from or to a higher level</td> </tr> <tr> <td>Contact with</td> <td>101 Pushing at same level</td> </tr> <tr> <td>020 Toxic substances</td> <td>110 Throwing from or to a higher level</td> </tr> <tr> <td>021 Caustic substances</td> <td>111 Throwing at same level</td> </tr> <tr> <td>022 Radiological substances</td> <td>120 Repetitive motions/keying</td> </tr> <tr> <td>023 Biological substances (<i>no syringe</i>)</td> <td>121 Repetitive motions—other</td> </tr> <tr> <td>024 Biological substances (<i>syringe</i>)</td> <td>Struck by</td> </tr> <tr> <td>025 Electric current</td> <td>150 Falling objects</td> </tr> <tr> <td>026 Chemical (<i>including dog spray</i>)</td> <td>151 Flying objects</td> </tr> <tr> <td>027 Hot or cold objects or substances</td> <td>152 Material or equipment</td> </tr> <tr> <td>028 Dust/foreign particle</td> <td>Violence/Vandalism</td> </tr> <tr> <td>Falls on same level</td> <td>160 By postal employee(s)</td> </tr> <tr> <td>040 To floors</td> <td>161 By others</td> </tr> <tr> <td>041 To sidewalks/ground</td> <td>Legally Parked/Other</td> </tr> <tr> <td>042 To street</td> <td>170 On roadway</td> </tr> <tr> <td></td> <td>171 Off roadway</td> </tr> <tr> <td></td> <td>172 Rural carrier—off duty vehicle-related</td> </tr> </table>	General	Falls from elevation	001 Caught in, under or between	050 On stairs/steps	002 Stepping in or on object (<i>not falling</i>)	051 From platforms	003 Tripping on or tripped by object (<i>not falling</i>)	052 From porches	004 Slipping and twisting (<i>not falling</i>)	053 From docks	005 Exposure to extreme temperatures	054 From curbs	006 Inhalation	055 From ramps	007 Striking against material or equipment	056 From chairs, stools	008 Jumping to or from places	057 From stationary vehicles	009 Stooping/bending	059 Into floor openings	Animals	Lifting, pulling, pushing, throwing, keying	010 Dog bite	080 Lifting from or to a higher level	011 Dog incident (<i>other than bite</i>)	081 Handling at same level	012 Other animal bite	090 Pulling from or to a higher level	013 Other animal incident (<i>not bites</i>)	091 Pulling at same level	014 Insect bite/sting	100 Pushing from or to a higher level	Contact with	101 Pushing at same level	020 Toxic substances	110 Throwing from or to a higher level	021 Caustic substances	111 Throwing at same level	022 Radiological substances	120 Repetitive motions/keying	023 Biological substances (<i>no syringe</i>)	121 Repetitive motions—other	024 Biological substances (<i>syringe</i>)	Struck by	025 Electric current	150 Falling objects	026 Chemical (<i>including dog spray</i>)	151 Flying objects	027 Hot or cold objects or substances	152 Material or equipment	028 Dust/foreign particle	Violence/Vandalism	Falls on same level	160 By postal employee(s)	040 To floors	161 By others	041 To sidewalks/ground	Legally Parked/Other	042 To street	170 On roadway		171 Off roadway		172 Rural carrier—off duty vehicle-related
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Fires or Smoldering	Flammable liquids
Electricity	330 Flooded carburetor
300 Short circuit in wiring	339 Other (<i>Explain in narrative</i>)
301 Overloaded wiring or switch	Other
302 Defective wiring	350 Incendiarism (<i>deliberately set fire</i>)
303 Motors or equipment	351 Lightning with fire ensuing
309 Other (<i>Explain in narrative</i>)	352 Matches and smoking
Explosion	353 Open flames, welding & torches
310 Carburetor backfire	354 Overheated grease, tar, or wax (<i>Example: hot box</i>)
311 Chemical	355 Spontaneous ignition
312 Bomb	356 Stoves, furnaces and boilers
319 Other (<i>Explain in narrative</i>)	368 Miscellaneous known causes
Exposure	369 Undetermined cause of fire or smoldering
320 From adjoining premises or space	

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Form 1769 (continued)

Item 23—Continued:

Motor Vehicle	700 Non-collision accidents
400 Rollaway—engine off	
401 Runaway—engine on	800 Not Elsewhere Classified
500 Collision or sideswipe with another vehicle—both vehicles in motion.	
600 Collision or sideswipe with a standing vehicle or Stationary object	

Item 24: **Item Causing the Actual Injury or Damage** — Select the code from the following list that best describes the actual article which inflicted the physical injury or damage to property. (*Specify manufacturer name, model no., etc. in narrative*)

Vehicle Powered	Mechanical Power Transmission Devices
001 Aircraft	070 Gears
005 Watercraft	071 Belts
009 Railroad	072 Chains, ropes, cables
	073 Drums, pulleys, sheaves
Specific Part of Highway Motor Vehicle	079 Other mechanical power transmission devices
010 Windshield	
011 Instrument panel—dashboard	Hand Tools
012 Delivery tray	080 Not powered
013 Driver's seat	081 Drills
014 Rider's seat	083 Grinder, buffer, sander
015 Steering wheel or column	085 Saw
016 Foot pedals	087 Hammers, riveter, air/pneumatic
017 Doors	089 Other hand tools
018 Windows	
019 Top structures	Machines Powered
020 Floor structures	100 Buffers, polishers, sanders, grinders
021 Cargo gate	101 Cancelling machines
022 Partition	102 Tying (<i>Plastic Strapping</i>)
023 Mirrors	106 Tying (<i>string</i>)
024 Gear shift	130 Electric arc welder
026 Visors	132 Drill press
027 Door or window handles	138 Sander
028 Moving cargo	140 Saw, circular
029 Cargo restraints	142 Saw, band
030 Operator restraints	201 Tray mail conveyors
031 Fenders	203 Other tray mail mechanization
032 Bumpers	204 Belt conveyors, parcels, sacks, and pouches
033 Wheels	208 Sack sorting machines
034 Grill	209 Parcel sorting machines — fixed
035 Hood	210 Small parcel and bundle sorting machine
Containers	211 Monorail conveyors
040 General purpose mail container (GPMC)	212 Towveyors
041 BMC/OTR	213 Diverters
042 BMC/In-house	216 Extendable conveyors
043 Letter tray transport	218 Chutes, slides or roller tables
044 Eastern Region mail container (ERMC)	220 Automatic fine culler
045 Large hampers with wheels (<i>1046</i>)	221 Other mail preparation mechanization
046 Small hampers with wheels (<i>1033</i>)	222 SPLSM
047 Wire mesh container	223 Other conveyors—powered
049 Other container	224 Other fixed mechanization
Vehicles—Industrial Powered	225 Portable conveyors
050 Fork lift	227 MPLSM—excluding dropper assembly
051 Tug	228 MPLSM—dropper assembly
052 Tractor	229 OCR Model KC2B
053 Verti lift	230 OCR Model 3560-PB
054 Personnel Carriers	231 OCR Model 885
055 Pallet lift	232 OCR Other Models
Vehicles—Industrial Not Powered	
061 Dollies	
062 Warehouse trucks (<i>2-wheeled hand trucks, some with folding nose</i>)	
063 Caddy carrier cart	
066 Nutting/platform truck	
067 Utility cart	
069 Other, industrial vehicles—not powered	

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Form 1769 (continued)

Item 24—Continued:	<p>Machines Powered, (Continued)</p> <p>233 BCS Model RA-9 234 BCS Model 880 260 BCS Model DBCS-990 261 BCS Model 925 235 BCS Other Models 236 FSM Model 775 237 FSM Other Models 238 Facer Canceler Mark II 239 Facer Canceler M-36 270 Facer Canceler FAM-885 240 Facer Canceler—Other Letter Mail 241 Flats Canceler—Model 15 242 Flats Canceler—Other Models 243 Vending Machines/Changers 244 Hamper Dumper 245 Pallet Dumper 246 Shoring Machine 247 Heat Seal Machine 248 Scissor Lift 249 Driverless Tractor 250 Keyboards (<i>typewriters, word processors, MPLSM Consoles, etc.</i>) 251 Video Display Terminal 299 Other machines not listed above</p> <p>Miscellaneous</p> <p>400 Acids 403 Alcohol 406 Animals (<i>other than dogs</i>), example: birds 409 Atmosphere (<i>cold or hot</i>) 412 Barrels and drums 418 Benches/work 421 Boilers/pressure vessels 424 Books 427 Bottles 433 Carbon dioxide/monoxide 439 Cases 440 Chairs, LSM 441 Chairs, other 442 Chemicals, detergents and chemical compounds 445 Cleaning compounds/soap 448 Clips (<i>paper</i>) 451 Clothing 457 Conveyors—non-powered 460 Counters 461 Curbs 466 Debris/trash/scrap/waste materials 469 Desks (<i>lobby</i>) 475 Docks/platforms 476 Dock plates or boards 478 Dogs 481 Doors 484 Drugs/illegal</p> <p>477 Dust 487 Electric apparatus (<i>other than tools</i>) 488 Elevator 490 Fasteners 497 File cabinets 493 Fire 496 Firearms 495 Floors 498 Foreign object 499 Furniture 502 Furnace 505 Gasoline 506 Ground 508 Guernsey (<i>hamper—no wheels</i>) 511 Heaters (<i>space</i>) 514 Hoisting apparatus 515 Hose 407 Insects 517 Knives</p>	<p>520 Ladders 551 Lawn mower 552 Lockbox 523 Lock/key LA/holder/rotary 532 Lockers (<i>clothing</i>) 535 Lumber/wood products 541 Mail (<i>too large for canceling machine</i>) 547 Mail boxes (<i>collection & storage</i>) 548 Mail boxes (<i>customer</i>) 553 Mail pouch racks (<i>to hang empties</i>) 556 Mail sack (<i>loose not bundled</i>) 557 Medicine 562 Newspapers (<i>bundled</i>) 564 Paper 565 Oil/petroleum products 568 Pallets/skids 566 Plastic bands/strapping 567 Porch 574 Rest bars 575 Ring knife 576 Sack buckle-hasp 578 Scissors 579 Sharp instrument 580 Shoes 583 Smoke 444 Snow blower 446 Solvents 586 Staples 589 Steam</p> <p>571 Stoves 590 Steps/stairs 592 Tire(s) 593 Welding slag/spark 601 Windows 605 Trees/branches/limbs 606 Stools 607 Sidewalks/street 608 Rubber bands</p> <p>Boxes, crates and containers</p> <p>710 Less than 10 lbs 711 11-20 lbs 712 21-40 lbs 713 41-70 lbs 714 71 lbs and over</p> <p>Mail Trays</p> <p>740 Less than 10 lbs 741 11-20 lbs 742 21-40 lbs 743 41-70 lbs 744 71 lbs and over</p> <p>Mail Sack/Pouch</p> <p>760 Less than 10 lbs 761 11-20 lbs 762 21-40 lbs 763 41-70 lbs 764 71 lbs and over</p> <p>Satchels</p> <p>770 Less than 10 lbs 771 11-20 lbs 772 21-40 lbs 773 41-70 lbs 774 71 lbs and over</p> <p>Other material/equipment</p> <p>780 Less than 10 lbs 781 11-20 lbs 782 21-40 lbs 783 41-70 lbs 784 71 lbs and over</p> <p>999 Other (<i>Explain in narrative</i>)</p>
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HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Form 1769 (continued)

Item 25:	<p>Hazardous Situation Directly Related to Accident — Enter the code from the following list that best describes hazardous situations directly related to the accident.</p> <table border="0"> <tr> <td>01 Inadequate aisle or working space</td> <td>24 Faulty construction</td> </tr> <tr> <td>02 Congested or blocked area</td> <td>30 Incorrect equipment design</td> </tr> <tr> <td>03 Unmarked doors (<i>In-Out</i>)</td> <td>31 Faulty job training</td> </tr> <tr> <td>04 Poor drainage</td> <td>32 Improper assignment of personnel</td> </tr> <tr> <td>05 Unsafe (<i>for working condition</i>) dress or apparel</td> <td>33 Lack of or unspecified job procedures</td> </tr> <tr> <td>06 Insufficient electrical outlets</td> <td>34 Lack of or unspecified safety rules</td> </tr> <tr> <td>07 Inadequately guarded equipment</td> <td>35 Lack of knowledge or skill</td> </tr> <tr> <td>08 Absence of hand rails on steps or ramps</td> <td>51 Sight obstruction</td> </tr> <tr> <td>09 Poor housekeeping (<i>cluttered and disorderly</i>)</td> <td>52 Improperly loaded equipment or vehicle</td> </tr> <tr> <td>10 Unsafe planning lay-out or operational methods</td> <td>62 Absence of maintenance platforms</td> </tr> <tr> <td>11 Improper or insufficient lighting</td> <td>63 Absence of or insufficient drive chain <i>guards or gear guards</i></td> </tr> <tr> <td>12 Lack of emergency lighting</td> <td>65 Absence of or insufficient drive enclosure screening or access interlock switches</td> </tr> <tr> <td>13 Dangerous arrangement of loading areas, collection box location, etc.</td> <td>67 Absence of or insufficient emergency pull cords or stop buttons</td> </tr> <tr> <td>14 Excessive noise</td> <td>69 Improperly located or inaccessible lubrication points</td> </tr> <tr> <td>15 Platforms too high or too low</td> <td>70 Improperly located or inaccessible emergency pull cords or stop buttons</td> </tr> <tr> <td>16 Lack of personal protective equipment</td> <td>72 Other hazardous situations relating to mechanized equipment</td> </tr> <tr> <td>17 Absence of steps to and from platform</td> <td>97 Other hazardous situation (<i>Explain in narrative</i>)</td> </tr> <tr> <td>18 Improper ventilation</td> <td>98 No hazardous situations</td> </tr> <tr> <td>19 Excessive wax on floors</td> <td></td> </tr> <tr> <td>20 Hazardous conditions of customer's premises</td> <td></td> </tr> <tr> <td>21 Slippery or uneven surface</td> <td></td> </tr> <tr> <td>22 Unrestrained animals</td> <td></td> </tr> <tr> <td>23 Overload equipment</td> <td></td> </tr> </table>		01 Inadequate aisle or working space	24 Faulty construction	02 Congested or blocked area	30 Incorrect equipment design	03 Unmarked doors (<i>In-Out</i>)	31 Faulty job training	04 Poor drainage	32 Improper assignment of personnel	05 Unsafe (<i>for working condition</i>) dress or apparel	33 Lack of or unspecified job procedures	06 Insufficient electrical outlets	34 Lack of or unspecified safety rules	07 Inadequately guarded equipment	35 Lack of knowledge or skill	08 Absence of hand rails on steps or ramps	51 Sight obstruction	09 Poor housekeeping (<i>cluttered and disorderly</i>)	52 Improperly loaded equipment or vehicle	10 Unsafe planning lay-out or operational methods	62 Absence of maintenance platforms	11 Improper or insufficient lighting	63 Absence of or insufficient drive chain <i>guards or gear guards</i>	12 Lack of emergency lighting	65 Absence of or insufficient drive enclosure screening or access interlock switches	13 Dangerous arrangement of loading areas, collection box location, etc.	67 Absence of or insufficient emergency pull cords or stop buttons	14 Excessive noise	69 Improperly located or inaccessible lubrication points	15 Platforms too high or too low	70 Improperly located or inaccessible emergency pull cords or stop buttons	16 Lack of personal protective equipment	72 Other hazardous situations relating to mechanized equipment	17 Absence of steps to and from platform	97 Other hazardous situation (<i>Explain in narrative</i>)	18 Improper ventilation	98 No hazardous situations	19 Excessive wax on floors		20 Hazardous conditions of customer's premises		21 Slippery or uneven surface		22 Unrestrained animals		23 Overload equipment																																																																															
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Item 26:	<p>Defective or Hazardous Equipment or Material Related to Accident — Enter the code from the following list that best describes hazardous equipment or material that was related to the accident.</p> <table border="0"> <tr> <td colspan="2">Motor Vehicle</td> <td colspan="2">Industrial</td> </tr> <tr> <td>01 Defective accelerator</td> <td>40 Short circuit in wiring</td> <td>41 Defective or overloaded wire or switch</td> <td></td> </tr> <tr> <td>02 Defective clutch</td> <td>44 Defective premises of customers</td> <td>50 Sharp edges on equipment and furniture</td> <td></td> </tr> <tr> <td>03 Defective foot brakes</td> <td>51 Defective ring knife</td> <td>52 Ragged or rusty mail boxes</td> <td></td> </tr> <tr> <td>04 Defective hand brakes</td> <td>53 Defective cord on sacks</td> <td>54 Defective postal stairs/steps</td> <td></td> </tr> <tr> <td>05 Defective horn</td> <td>55 Defective customer stairs/steps or porches</td> <td>56 Structural failure</td> <td></td> </tr> <tr> <td>06 Defective springs or suspension system</td> <td>57 Rough, slippery or broken walking surfaces</td> <td>58 Loose material on surface</td> <td></td> </tr> <tr> <td>07 Defective or dirty windshield</td> <td>60 Malfunction of door safety interlocks</td> <td>61 Malfunction of emergency pull cords or stop buttons</td> <td></td> </tr> <tr> <td>08 Defective windshield wipers</td> <td>63 Malfunction of other safety equipment</td> <td>64 Defective latches—mail containers receptacles</td> <td></td> </tr> <tr> <td>09 Defective or poorly adjusted mirrors</td> <td></td> <td></td> <td></td> </tr> <tr> <td>10 Defective steering system</td> <td></td> <td></td> <td></td> </tr> <tr> <td>11 Defective exhaust system</td> <td></td> <td></td> <td></td> </tr> <tr> <td>12 Defective seat</td> <td></td> <td></td> <td></td> </tr> <tr> <td>13 Defective safety belts</td> <td></td> <td></td> <td></td> </tr> <tr> <td>15 Defective headlights</td> <td></td> <td></td> <td></td> </tr> <tr> <td>16 Defective directional signals</td> <td></td> <td></td> <td></td> </tr> <tr> <td>17 Defective stop (<i>brake</i>) lights</td> <td></td> <td></td> <td></td> </tr> <tr> <td>18 Defective wheels</td> <td></td> <td></td> <td></td> </tr> <tr> <td>20 Smooth or worn tires</td> <td></td> <td></td> <td></td> </tr> <tr> <td>21 Under/over inflated tires</td> <td></td> <td></td> <td></td> </tr> <tr> <td>22 Motor failure</td> <td></td> <td></td> <td></td> </tr> <tr> <td>23 Poor stability (<i>vehicle</i>)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>24 Restricted vision (<i>part of vehicle design</i>)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>26 Defective wiring</td> <td></td> <td></td> <td></td> </tr> <tr> <td>27 Defective shift selector</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td colspan="2">Industrial Powered Vehicles</td> <td></td> </tr> <tr> <td></td> <td>65 Defective shift selector</td> <td></td> <td></td> </tr> <tr> <td></td> <td>66 Defective brakes</td> <td></td> <td></td> </tr> <tr> <td></td> <td colspan="2">Other</td> <td></td> </tr> <tr> <td></td> <td>97 Other defects (<i>Explain in narrative</i>)</td> <td></td> <td></td> </tr> <tr> <td></td> <td>98 No defects or hazardous equipment or material</td> <td></td> <td></td> </tr> </table>		Motor Vehicle		Industrial		01 Defective accelerator	40 Short circuit in wiring	41 Defective or overloaded wire or switch		02 Defective clutch	44 Defective premises of customers	50 Sharp edges on equipment and furniture		03 Defective foot brakes	51 Defective ring knife	52 Ragged or rusty mail boxes		04 Defective hand brakes	53 Defective cord on sacks	54 Defective postal stairs/steps		05 Defective horn	55 Defective customer stairs/steps or porches	56 Structural failure		06 Defective springs or suspension system	57 Rough, slippery or broken walking surfaces	58 Loose material on surface		07 Defective or dirty windshield	60 Malfunction of door safety interlocks	61 Malfunction of emergency pull cords or stop buttons		08 Defective windshield wipers	63 Malfunction of other safety equipment	64 Defective latches—mail containers receptacles		09 Defective or poorly adjusted mirrors				10 Defective steering system				11 Defective exhaust system				12 Defective seat				13 Defective safety belts				15 Defective headlights				16 Defective directional signals				17 Defective stop (<i>brake</i>) lights				18 Defective wheels				20 Smooth or worn tires				21 Under/over inflated tires				22 Motor failure				23 Poor stability (<i>vehicle</i>)				24 Restricted vision (<i>part of vehicle design</i>)				26 Defective wiring				27 Defective shift selector					Industrial Powered Vehicles				65 Defective shift selector				66 Defective brakes				Other				97 Other defects (<i>Explain in narrative</i>)				98 No defects or hazardous equipment or material		
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06 Defective springs or suspension system	57 Rough, slippery or broken walking surfaces	58 Loose material on surface																																																																																																																												
07 Defective or dirty windshield	60 Malfunction of door safety interlocks	61 Malfunction of emergency pull cords or stop buttons																																																																																																																												
08 Defective windshield wipers	63 Malfunction of other safety equipment	64 Defective latches—mail containers receptacles																																																																																																																												
09 Defective or poorly adjusted mirrors																																																																																																																														
10 Defective steering system																																																																																																																														
11 Defective exhaust system																																																																																																																														
12 Defective seat																																																																																																																														
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15 Defective headlights																																																																																																																														
16 Defective directional signals																																																																																																																														
17 Defective stop (<i>brake</i>) lights																																																																																																																														
18 Defective wheels																																																																																																																														
20 Smooth or worn tires																																																																																																																														
21 Under/over inflated tires																																																																																																																														
22 Motor failure																																																																																																																														
23 Poor stability (<i>vehicle</i>)																																																																																																																														
24 Restricted vision (<i>part of vehicle design</i>)																																																																																																																														
26 Defective wiring																																																																																																																														
27 Defective shift selector																																																																																																																														
	Industrial Powered Vehicles																																																																																																																													
	65 Defective shift selector																																																																																																																													
	66 Defective brakes																																																																																																																													
	Other																																																																																																																													
	97 Other defects (<i>Explain in narrative</i>)																																																																																																																													
	98 No defects or hazardous equipment or material																																																																																																																													
Item 27:	<p>Total Number of Vehicles — Enter the total number of vehicles involved in the accident.</p>																																																																																																																													
Item 28:	<p>Reserved.</p>																																																																																																																													

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

Form 1769 (continued)

Item 29:	<p>Vehicle Type — For postal-owned vehicles enter the make/model code number from the most recent Fleet Management Bulletin. Be sure to use all 4 digits.</p> <p>If the accident involved non-postal vehicles, enter a code from the following list.</p> <table border="0"> <tr> <td>0091 Contract</td> <td>0095 GSA</td> </tr> <tr> <td>0092 Leased</td> <td>0096 Private—rural carriers (RHD)</td> </tr> <tr> <td>0093 Private—drive out agreements</td> <td>0098 Other vehicles used on official Postal operations</td> </tr> <tr> <td>0094 Private—rural carriers (LHD)</td> <td>0099 All others—non postal</td> </tr> </table>	0091 Contract	0095 GSA	0092 Leased	0096 Private—rural carriers (RHD)	0093 Private—drive out agreements	0098 Other vehicles used on official Postal operations	0094 Private—rural carriers (LHD)	0099 All others—non postal																
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Item 30:	<p>Vehicle Path — Enter the code from the following list that best describes the movement of the vehicle immediately preceding the accident.</p> <table border="0"> <tr> <td>01 Straight ahead</td> <td>12 Jackknifing</td> </tr> <tr> <td>02 Left turn</td> <td>13 Running off road</td> </tr> <tr> <td>03 Right turn</td> <td>14 Pulling to curb/mailbox</td> </tr> <tr> <td>04 U-turn right</td> <td>15 Pulling from curb/mailbox</td> </tr> <tr> <td>05 U-turn left</td> <td>16 Unattended vehicle moving</td> </tr> <tr> <td>06 Passing</td> <td>17 Unattended vehicle stopped</td> </tr> <tr> <td>07 Being passed</td> <td>18 Legally parked</td> </tr> <tr> <td>08 Backing</td> <td>19 Entering curve</td> </tr> <tr> <td>09 Slowing</td> <td>20 Changing lane</td> </tr> <tr> <td>10 Stopped</td> <td>47 Other (Explain in narrative)</td> </tr> <tr> <td>11 Skidding</td> <td>49 Not applicable</td> </tr> </table>	01 Straight ahead	12 Jackknifing	02 Left turn	13 Running off road	03 Right turn	14 Pulling to curb/mailbox	04 U-turn right	15 Pulling from curb/mailbox	05 U-turn left	16 Unattended vehicle moving	06 Passing	17 Unattended vehicle stopped	07 Being passed	18 Legally parked	08 Backing	19 Entering curve	09 Slowing	20 Changing lane	10 Stopped	47 Other (Explain in narrative)	11 Skidding	49 Not applicable		
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Items 31-33:	Self-explanatory.																								
Item 34:	<p>Initial Area of Impact</p> <p>Passenger Cars, Jeeps, LLVs, Trucks (Excluding 5 & 7-Ton Trucks & Tractor Trailers)</p> <table border="0"> <tr> <td>01 Front end</td> <td>06 Right rear side</td> </tr> <tr> <td>02 Right front side</td> <td>07 Left rear side</td> </tr> <tr> <td>03 Left front side</td> <td>08 Rear end</td> </tr> <tr> <td>04 Right occupant side</td> <td>09 Top structure</td> </tr> <tr> <td>05 Left occupant side</td> <td>10 Under carriage</td> </tr> </table> <p>5-Ton or Larger Trucks and Tractor Trailers ONLY</p> <table border="0"> <tr> <td>11 Front end</td> <td>18 Right rear cargo side</td> </tr> <tr> <td>12 Right front side</td> <td>19 Left rear cargo side</td> </tr> <tr> <td>13 Left front side</td> <td>20 Rear end</td> </tr> <tr> <td>14 Right occupant side</td> <td>21 Top structure</td> </tr> <tr> <td>15 Left occupant side</td> <td>22 Under carriage</td> </tr> <tr> <td>16 Right front cargo side</td> <td>97 Other, regardless of vehicle size (Explain in narrative)</td> </tr> <tr> <td>17 Left front cargo side</td> <td></td> </tr> </table>	01 Front end	06 Right rear side	02 Right front side	07 Left rear side	03 Left front side	08 Rear end	04 Right occupant side	09 Top structure	05 Left occupant side	10 Under carriage	11 Front end	18 Right rear cargo side	12 Right front side	19 Left rear cargo side	13 Left front side	20 Rear end	14 Right occupant side	21 Top structure	15 Left occupant side	22 Under carriage	16 Right front cargo side	97 Other, regardless of vehicle size (Explain in narrative)	17 Left front cargo side	
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Items 35 & 36:	Reserved.																								
Item 37:	Total No. of Accident Reports — One form must be submitted for each person injured. See "Multiple Person Accidents", p. 1 of Instructions.																								
Item 38:	Person Identification No. — If only one person was injured in the accident enter "1". For each additional injured person, complete an additional 1769, numbering each consecutively in this space. See "Multiple Person Accidents", p. 1 of Instructions.																								
Item 39:	Self-explanatory.																								
Item 40:	Name — Name of person involved in accident.																								
Item 41:	Age — If the actual age of a non-postal person is unknown, enter an estimated age.																								
Item 42:	Self-explanatory.																								
Item 43:	<p>Designation and Activity — Enter the 3-digit DES/ACT code for the employee in the space provided. For non-postal, enter one of the codes below:</p> <table border="0"> <tr> <td>001 Customer or general public</td> <td>002 Non-postal Government employee</td> </tr> </table>	001 Customer or general public	002 Non-postal Government employee																						
001 Customer or general public	002 Non-postal Government employee																								
Item 44:	<p>Injury/Illness Severity — Enter the code from the following list that best describes the type of injury, if any, experienced by the person identified in item 40 of this form.</p> <p>Postal Employees</p> <ol style="list-style-type: none"> Fatality: A fatality is any work-related injury or illness which results in death, regardless of the time between the injury and death, or length of illness. If death occurs after submission of an Accident Report you must change the severity code in the HRIS. Lost-Workday Case: A lost-workday case results from a work-related injury or illness severe enough to render an employee unable to perform any duties on any workday or workdays, consecutive or not, after the day of injury or diagnosis of illness during which the employee would have worked but could not because of the injury or illness. 																								

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Form 1769 (continued)

Item 44—Continued

3. **Lost-Time-Limited-Duty Case:** A lost-time-limited-duty case is any work-related injury or illness severe enough to cause an employee to be unable to work the number of daily or weekly hours that the employee would normally work on any day after the day of injury or diagnosis of illness. For example: a full-time employee who works less than 8 hours a day, or less than 40 hours a week; or part-time employee who normally averages 30 hours a week, but can only work 15 hours a week because of the injury or illness.

4. **No-Lost-Workday-Case:** A no-lost-workday-case is any work-related injury or illness which requires medical treatment and which does not result in a fatality, lost workday, limited duty, first aid, termination, or permanent reassignment case.

5. **A No-Lost-Time-Limited-Duty Case:** A no-lost-time-limited-duty case is any work-related injury or illness which results in a limited duty assignment and does not reduce the number of hours the employee would normally work. For example: an employee assigned to other duties in the same craft, another craft, or other installation without any reduction of hours normally worked, on any day after the date of injury or diagnosis of illness.

6. **A First Aid Case:** A first aid case is normally any work-related minor injury that requires no more than two medical visits, the second of which is to confirm full recovery. Form 1769 must be completed for all first aid injury cases, both reportable and nonreportable. All first aid cases must be logged and coded "6" in Item 44. First aid care not exceeding two visits provided by the postal medical officer or contract physician is recorded as *nonreportable* in the HRIS. First aid care provided by the employee's private physician or emergency room or other treating facilities, for which medical payment will be made through OWCP, must be logged and recorded as a *reportable* case in HRIS and coded "6" in Item 44.

All motor vehicle accidents resulting in property damage or personal injury, including first aid, are reportable.

Cases resulting in a medical disposition of disability and/or limited duty assignment, regardless of the number of medical visits, are *not* to be recorded as first aid cases. For reporting purposes, when employees sustain an injury but decline treatment, the case is to be logged and recorded in the HRIS as a nonreportable first aid case. Examples of first aid treatment are:

- A. Application of antiseptic on the first visit to a doctor or nurse. It does not matter whether the doctor or nurse is located at a postal medical unit, private physician's office, public or private clinic, or a hospital.
- B. Bandaging.
- C. Treatment for first-degree burns.
- D. Application of compress, hot or cold.
- E. Use of an elastic bandage.
- F. Irrigation of the eye to remove foreign bodies not embedded.
- G. Removal of foreign bodies from a wound by tweezers or other simple techniques.
- H. Administration of non-prescription medications.
- I. Observation of injury.
- J. Applications of ointments to abrasions to prevent drying or cracking.
- K. Tetanus shots, initial or boosters alone.
- L. X-ray, if negative.

NOTE: Do not consider any injury involving loss of consciousness, restriction of work or motion, or reassignment to another job as a first aid case.

7. Termination or permanent reassignment involving a lost workday case.

8. Termination or permanent reassignment involving a lost time-limited duty case.

9. Termination or permanent reassignment not involving a lost workday or lost time-limited duty case.

0. No injury

Non-Postal People

x. Non-postal fatality

y. Non-postal injury

z. No injury

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Form 1769 (continued)

<p>Item 45:</p>	<p>Nature of Most Severe Injury or Illness — Select the code from the following list that best describes the nature of the injury or illness.</p>	
	<p>Injury Codes:</p> <p>00 No injury 01 Amputation 02 Removal of eye 03 Asphyxia/suffocation 05 Drowning 06 Bites (<i>animals or insects</i>) 07 Burns (<i>hot substances</i>) 08 Burns (<i>chemicals, acids, etc.</i>) 09 Burns (<i>radiation, sunburn, etc.</i>) 10 Concussion (<i>or any head blow causing unconsciousness</i>) 11 Contusion (<i>bruise, crushing—skin intact</i>) 12 Cuts (<i>open wounds—greater than scratches</i>) 13 Abrasion/scratch(es) 14 Dislocation 15 Electric shock 16 Fractures or breaks 18 Gunshot wounds 20 Heart attack 21 Ruptured disc 22 Hernia-rupture 23 Strain 24 Sprain 39 Other injury (<i>Explain in narrative</i>) 40 Foreign objects in eyel(s)</p>	<p>Occupational Illness Codes: An occupational illness of an employee is any abnormal condition or disorder caused by exposure to environmental factors associated with the employment over a period longer than a single workday or shift.</p> <p>60 Occupational Stress</p> <p>61 Occupational Skin Diseases or Disorders. Examples: Contact dermatitis, eczema, or rash caused by primary irritants, and sensitizers or poisonous plants; oil acne; chrome ulcers; chemical burns or inflammations; etc.</p> <p>62 Dust Diseases of the Lungs (<i>Pneumoconioses</i>). Examples: Silicosis, asbestosis, coal worker's pneumoconiosis, byssinosis, and other pneumoconioses.</p> <p>63 Respiratory Conditions Due to Toxic Agents. Examples: Pneumonitis, pharyngitis, rhinitis or acute congestion due to chemicals, dusts, gases, or fumes; farmer's lung; etc.</p> <p>64 Poisoning. (<i>Systematic Effects of Toxic Materials</i>). Examples: Poisoning by lead, mercury, cadmium, arsenic, or other metals, poisoning by carbon monoxide, hydrogen sulfide or other gases; poisoning by benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays such as parathion, lead arsenate; poisoning by other chemicals such as formaldehyde, plastics and resins, etc.</p> <p>65 Disorders Due to Physical Agents. (<i>Other Than Toxic Materials</i>). Example: Heatstroke, sunstroke, heat exhaustion and other effects of environmental heat; freezing, frostbite and effects of exposure to low temperatures; caisson disease; effects of ionizing radiation (<i>isotopes, X-rays, radium</i>); effects of nonionizing radiation (<i>welding, flash, ultraviolet rays, microwaves, sunburn</i>). etc.</p> <p>Disorders Due to Repeated Trauma. Examples: Synovitis, bursitis, Raynaud's phenomena and other conditions due to repeated motion, vibration or pressure.</p> <p>66 Tenosynovitis 67 Tendonitis 68 Carpal Tunnel Syndrome 69 Hearing Loss 70 Epicondylitis 71 De Quervains 72 Hand-Arm Vibration Syndrome 98 Other Disorders Due to Repeated Trauma 99 All Other Occupational Illnesses. Examples: Anthrax, brucellosis, infectious hepatitis, malignant and benign tumors, food poisoning, histoplasmosis, occidiodomycosis, etc.</p>
<p>Item 46:</p>	<p>Part of Body Affected — Select the code from the following list that best describes the body part which was affected by the most severe injury.</p>	
	<p>00 Not applicable</p> <p>Head and Neck</p> <p>01 Ear(s) 02 Eye(s) 03 Face 04 Skull, scalp 05 Nose 06 Tooth/Teeth/Mouth 09 Multiple head injuries (<i>combination from 01-06</i>) 16 Neck</p>	<p>Upper Extremities—Arm</p> <p>20 Upper arm 21 Elbow 22 Lower arm 23 Multiple arm injuries (<i>combination from 20-22</i>) 24 Wrist 25 Hand(s) 26 Finger(s) 29 Multiple injuries (<i>combination from 01-26</i>)</p>

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Form 1769 (continued)

Item 46—Continued:	<p>Trunk</p> <p>31 Abdomen <i>(include internal organs)</i></p> <p>32 Back</p> <p>33 Chest <i>(include ribs, breast bone, and internal organs)</i></p> <p>34 Hips <i>(include pelvic organs and buttocks)</i></p> <p>35 Shoulder</p> <p>39 Multiple trunk <i>(combination from 31-35)</i></p> <p>Lower Extremities—Leg</p> <p>40 Thigh</p> <p>41 Knee</p> <p>42 Lower leg <i>(above ankle)</i></p> <p>43 Ankle</p> <p>44 Foot <i>(not ankle or toes)</i></p> <p>45 Toe(s)</p> <p>49 Multiple lower extremities <i>(combination from 40-45)</i></p>	<p>Other Body Parts</p> <p>50 Multiple parts <i>(more than one major area above)</i></p> <p>60 Circulatory system <i>(heart, arteries, veins, etc.)</i></p> <p>70 Respiratory system <i>(lungs, etc.)</i></p> <p>80 Nervous system/psychological</p> <p>99 Insufficient information to identify part</p>														
Item 47:	<p>Unsafe Personal Factors — If any of the following situations contributed to the accident, enter the corresponding code. If more than one apply, enter the one most responsible for the accident.</p> <table border="0"> <tr> <td>01 Didn't see <i>(Explain in narrative)</i></td> <td>09 Wilful disregard of instructions</td> </tr> <tr> <td>02 Didn't hear <i>(Explain in narrative)</i></td> <td>10 Using drugs <i>(LSD, heroin, etc.)</i></td> </tr> <tr> <td>03 Failure to comply with rules</td> <td>11 Horseplay</td> </tr> <tr> <td>05 Operating without authority</td> <td>12 Fatigue</td> </tr> <tr> <td>06 Using alcoholic beverage</td> <td>39 Other unsafe personal factor <i>(Explain in narrative)</i></td> </tr> <tr> <td>07 Inadequate help for heavy lifting</td> <td>48 No unsafe personal factor</td> </tr> <tr> <td></td> <td>49 Not applicable</td> </tr> </table>		01 Didn't see <i>(Explain in narrative)</i>	09 Wilful disregard of instructions	02 Didn't hear <i>(Explain in narrative)</i>	10 Using drugs <i>(LSD, heroin, etc.)</i>	03 Failure to comply with rules	11 Horseplay	05 Operating without authority	12 Fatigue	06 Using alcoholic beverage	39 Other unsafe personal factor <i>(Explain in narrative)</i>	07 Inadequate help for heavy lifting	48 No unsafe personal factor		49 Not applicable
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Item 48:	<p>Unsafe Practice — Enter the code that best describes the unsafe practice that was most responsible for the accident and/or injury.</p> <table border="0"> <tr> <td> <p>Industrial</p> <p>01 Removing safety devices</p> <p>02 Adjusting or cleaning moving equipment</p> <p>03 Haste</p> <p>04 Removing jam or clearing equipment <i>(without shutting off power)</i></p> <p>05 Using defective equipment</p> <p>06 Not using protective equipment</p> <p>07 Overloading</p> <p>08 Unsafe carrying, placing, loading</p> <p>09 Throwing material <i>(instead of carrying or passing)</i></p> <p>10 Inattention or distraction <i>(not caused by verifying or fingering mail)</i></p> <p>11 Inattention or distraction caused by fingering mail</p> <p>12 Taking shortcuts</p> <p>13 Pulling instead of pushing rolling equipment</p> <p>14 Failure to correct known hazard</p> <p>15 Failure to follow lockout procedures</p> <p>Motor Vehicle</p> <p>20 Jumping from moving vehicle</p> <p>21 Stopping vehicle with parking brake instead of foot brake</p> <p>22 Driving too fast for conditions</p> <p>23 Driving in wrong lane</p> <p>24 Passing in unsafe area</p> <p>25 Running changing traffic light</p> <p>26 Following too closely</p> <p>27 Operating without eye glasses when required</p> <p>28 Exceeding speed limit</p> </td> <td> <p>Failure To</p> <p>30 Seat passenger</p> <p>31 Use safety belts</p> <p>32 Check or adjust mirrors</p> <p>33 Give proper signal</p> <p>34 Check clearance</p> <p>35 Yield right-of-way</p> <p>36 Close vehicle door</p> <p>37 Observe traffic sign or signals</p> <p>38 Set handbrake</p> <p>39 Keep both hands on wheel</p> <p>Industrial and Motor Vehicle</p> <p>Improper</p> <p>40 Placing of mail <i>(on seat, tray, etc.)</i></p> <p>41 Securing of load</p> <p>42 Starting and stopping</p> <p>43 Backing</p> <p>44 Parking</p> <p>45 Turns</p> <p>46 Lane changes</p> <p>47 Use of equipment or materials</p> <p>48 Verifying or fingering mail <i>(while walking up or down stairs or curbs, driving, or when crossing street)</i></p> <p>49 Lifting</p> <p>50 Use of rest bars</p> <p>87 Other unsafe practices <i>(Explain in narrative)</i></p> <p>88 No unsafe practice</p> </td> </tr> </table>		<p>Industrial</p> <p>01 Removing safety devices</p> <p>02 Adjusting or cleaning moving equipment</p> <p>03 Haste</p> <p>04 Removing jam or clearing equipment <i>(without shutting off power)</i></p> <p>05 Using defective equipment</p> <p>06 Not using protective equipment</p> <p>07 Overloading</p> <p>08 Unsafe carrying, placing, loading</p> <p>09 Throwing material <i>(instead of carrying or passing)</i></p> <p>10 Inattention or distraction <i>(not caused by verifying or fingering mail)</i></p> <p>11 Inattention or distraction caused by fingering mail</p> <p>12 Taking shortcuts</p> <p>13 Pulling instead of pushing rolling equipment</p> <p>14 Failure to correct known hazard</p> <p>15 Failure to follow lockout procedures</p> <p>Motor Vehicle</p> <p>20 Jumping from moving vehicle</p> <p>21 Stopping vehicle with parking brake instead of foot brake</p> <p>22 Driving too fast for conditions</p> <p>23 Driving in wrong lane</p> <p>24 Passing in unsafe area</p> <p>25 Running changing traffic light</p> <p>26 Following too closely</p> <p>27 Operating without eye glasses when required</p> <p>28 Exceeding speed limit</p>	<p>Failure To</p> <p>30 Seat passenger</p> <p>31 Use safety belts</p> <p>32 Check or adjust mirrors</p> <p>33 Give proper signal</p> <p>34 Check clearance</p> <p>35 Yield right-of-way</p> <p>36 Close vehicle door</p> <p>37 Observe traffic sign or signals</p> <p>38 Set handbrake</p> <p>39 Keep both hands on wheel</p> <p>Industrial and Motor Vehicle</p> <p>Improper</p> <p>40 Placing of mail <i>(on seat, tray, etc.)</i></p> <p>41 Securing of load</p> <p>42 Starting and stopping</p> <p>43 Backing</p> <p>44 Parking</p> <p>45 Turns</p> <p>46 Lane changes</p> <p>47 Use of equipment or materials</p> <p>48 Verifying or fingering mail <i>(while walking up or down stairs or curbs, driving, or when crossing street)</i></p> <p>49 Lifting</p> <p>50 Use of rest bars</p> <p>87 Other unsafe practices <i>(Explain in narrative)</i></p> <p>88 No unsafe practice</p>												
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Form 1769 (continued)

Item 49:	Social Security Number — Enter the employee's social security number. For non-postal persons enter all 9's.																																								
Item 50:	Was Employee on Overtime Status? — Check one.																																								
Item 51:	Postal Service — Round off length of years in the Postal Service to the nearest whole month and enter this number. For example: enter 1 year 6 months and 10 days as 01/06.																																								
Item 52:	Hours of Safety Training — Enter hours of safety training employee received within the last five years as recorded on PS Form 2548 — or other available records.																																								
Item 53:	Self-explanatory.																																								
Item 54:	Pay Location — Enter the pay location of the employee at the time of the accident. If not applicable enter "000".																																								
Item 55:	LDC/FON Code — Enter the LDC Code of the employee at the time of the accident . If not applicable enter "00". (<i>If you do not know the LDC Code, consult your timekeeper.</i>) NOTE: You must enter a LDC Code (or "00"). If you do not, this 1769 will be returned. At a future date, instructions will be provided concerning the replacement of the LDC Code with the 4-digit FON Code.																																								
Items 56-59:	Self-explanatory.																																								
Item 60:	Is A JSA (PS Form 1783, On-the-Job Safety Review/Analysis) On File? — Indicate whether an analysis is on file for the job task being performed at the time of accident or injury.																																								
Item 61:	Preventive Action Code — Enter the code from the following list that best describes the action you will take to most effectively eliminate or reduce the accident cause(s) and prevent similar accidents.																																								
	<table border="0"> <tr> <td>01</td> <td>Provide training/instruction to ensure that employee understands established job procedures and will recognize similar hazards or unsafe practices in the future.</td> <td>08</td> <td>Provide adequate hazard warning signs or notices.</td> </tr> <tr> <td>02</td> <td>Establish proper job procedures for task to be performed.</td> <td>09</td> <td>Initiate action to determine if employee meets physical requirements of the job. Formal discipline proposed.</td> </tr> <tr> <td>04</td> <td>Simplify established job procedures if complex or unclear.</td> <td>10</td> <td>Ensure adequate supervision.</td> </tr> <tr> <td>05</td> <td>Ensure that employee has skill or knowledge to perform task.</td> <td>11</td> <td>Initiate action to improve/repair equipment or layout design.</td> </tr> <tr> <td>06</td> <td>Motivate employee to properly perform task.</td> <td>12</td> <td>Initiate action to improve/correct equipment maintenance procedures or housekeeping.</td> </tr> <tr> <td>07</td> <td>Initiate work order.</td> <td>13</td> <td>Ensure availability of and/or provide proper protective equipment, materials, or tools.</td> </tr> <tr> <td></td> <td></td> <td>14</td> <td>Other (<i>Explain in narrative</i>).</td> </tr> <tr> <td></td> <td></td> <td>15</td> <td>Notify animal control authorities.</td> </tr> <tr> <td></td> <td></td> <td>16</td> <td>Not applicable.</td> </tr> <tr> <td></td> <td></td> <td>99</td> <td></td> </tr> </table>	01	Provide training/instruction to ensure that employee understands established job procedures and will recognize similar hazards or unsafe practices in the future.	08	Provide adequate hazard warning signs or notices.	02	Establish proper job procedures for task to be performed.	09	Initiate action to determine if employee meets physical requirements of the job. Formal discipline proposed.	04	Simplify established job procedures if complex or unclear.	10	Ensure adequate supervision.	05	Ensure that employee has skill or knowledge to perform task.	11	Initiate action to improve/repair equipment or layout design.	06	Motivate employee to properly perform task.	12	Initiate action to improve/correct equipment maintenance procedures or housekeeping.	07	Initiate work order.	13	Ensure availability of and/or provide proper protective equipment, materials, or tools.			14	Other (<i>Explain in narrative</i>).			15	Notify animal control authorities.			16	Not applicable.			99	
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Instructions for Narrative	<p>Complete the narrative first and provide the information listed below. This will make it easier to select the proper codes.</p> <p>Be specific and provide as much detail as possible when completing the narrative. Describe the specific task(s) which the employee was performing immediately prior to the accident, noting whether the task(s) was being properly performed. Indicate whether or not the employee was aware of a hazard and if so, describe exactly what the employee was doing at that time. Describe the employee's reaction to avoid the hazard, if any. Specifically describe the interaction between the employee and the hazard which caused the injury or property damage, and describe the resulting injury or property damage.</p>																																								
Hospital/Physician Information	If the accident resulted in an injury to the person named on this report, record the attending physician's name (if known), hospital and/or treating medical facility, address and phone number. Additionally, provide the date the employee received medical treatment and resulting diagnosis and work status.																																								
Hazardous Conditions, and/or Equipment, Materials, Etc.	If the contributing cause of the accident was due to hazardous conditions and/or equipment or material, include the manufacturer's name, make and model number (vehicle ID number, where appropriate) of the equipment/material involved in the accident.																																								
Vehicle Diagram	If the report involves a motor vehicle accident, diagram the accident on page 2 using the space provided. That is, show the direction of postal vehicle travel, point of collision with other vehicle, etc., and use items 1 through 11 of this section, as appropriate, to illustrate what happened.																																								

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

Form 1769

Use Ball Point Pen to Complete. Press Hard.

<i>Carefully read instructions in the attached booklet. Items marked with an asterisk (*) must be answered using codes in the attached booklet.</i>		U.S. POSTAL SERVICE ACCIDENT REPORT
1. Post Office, Station, Branch, Unit (City, State and Zip + 4) <input style="width: 95%; height: 30px;" type="text"/>	2. Finance Number <input style="width: 95%; height: 30px;" type="text"/>	3. Installation ID <input style="width: 95%; height: 30px;" type="text"/> 4. Accident Number <input style="width: 95%; height: 30px;" type="text"/>

General Information

5. Kind of Accident 1. <input type="checkbox"/> Motor Vehicle 2. <input type="checkbox"/> Natural Event 3. <input type="checkbox"/> Industrial 4. <input type="checkbox"/> Other	6. Fire Involved? 1. <input type="checkbox"/> No 2. <input type="checkbox"/> Building & Contents 3. <input type="checkbox"/> Other	7. Accident Resulted in: 1. <input type="checkbox"/> Personal Injury Only 2. <input type="checkbox"/> Property Damage Only 3. <input type="checkbox"/> Personal Injury & Property Damage 4. <input type="checkbox"/> No Case (No Injury/No Damage)	8. Was On-Site Investigation conducted by Immediate Supervisor? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
9. Ownership of Damaged Property a. Postal b. Non-Postal * *	10. Estimated Property Damage (round to nearest dollar) a. Postal b. Non-Postal \$ \$	11. Accident Date Mo. Day Yr.	12. Time of Day-24 Hour Military <input style="width: 95%; height: 30px;" type="text"/>
13. Day of Week 1. <input type="checkbox"/> Sun 2. <input type="checkbox"/> Mon 3. <input type="checkbox"/> Tues 4. <input type="checkbox"/> Wed 5. <input type="checkbox"/> Thurs 6. <input type="checkbox"/> Fri 7. <input type="checkbox"/> Sat			

Accident Location and Conditions

14. Weather <input style="width: 95%; height: 30px;" type="text"/>	15. General Description of Accident Area <input style="width: 95%; height: 30px;" type="text"/>	Where Did Accident Happen? 16. Building <input style="width: 95%; height: 30px;" type="text"/>	17. Work Location <input style="width: 95%; height: 30px;" type="text"/>	18. Specific Description of Accident Area <input style="width: 95%; height: 30px;" type="text"/>	19. Rte/Sched/Op. No. 19a. Delivery Route <input style="width: 95%; height: 30px;" type="text"/> 19b. Emp. Op. No. <input style="width: 95%; height: 30px;" type="text"/>	20. Light <input style="width: 95%; height: 30px;" type="text"/>
21. Surface <input style="width: 95%; height: 30px;" type="text"/>	22. Surface Conditions <input style="width: 95%; height: 30px;" type="text"/>	23. Circumstances Leading to Injury or Damage <input style="width: 95%; height: 30px;" type="text"/>	24. Item Causing Actual Injury or Damage <input style="width: 95%; height: 30px;" type="text"/>	25. Hazardous Situation Directly Related to Accident <input style="width: 95%; height: 30px;" type="text"/>	26. Defective or Hazardous Equipment or Material Related to the Accident <input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>

Motor Vehicle Accident Information

(If no vehicle was involved in the accident, skip this section) (Items 28, 35 + 36 are reserved)

27. Total No. of Vehicles Involved <input style="width: 95%; height: 30px;" type="text"/>	28. (Reserved)	29. Vehicle Type <input style="width: 95%; height: 30px;" type="text"/>	30. Vehicle Path <input style="width: 95%; height: 30px;" type="text"/>	31. Were Seat Belts in Use? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	32. Roll Over 1. <input type="checkbox"/> Without Collision 2. <input type="checkbox"/> Before Collision 3. <input type="checkbox"/> After Collision 4. <input type="checkbox"/> No Roll Over	33. Employee Ejected from Vehicle 1. <input type="checkbox"/> Partial 2. <input type="checkbox"/> Complete 3. <input type="checkbox"/> Not Ejected	34. Area of Impact <input style="width: 95%; height: 30px;" type="text"/>
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Involved Person(s) Information

37. Total No. of Accident Reports <input style="width: 95%; height: 30px;" type="text"/>	38. Person I.D. No. <input style="width: 95%; height: 30px;" type="text"/>	39. If Vehicle Accident Person Described Here Was: 1. <input type="checkbox"/> Pedestrian 2. <input type="checkbox"/> Driver 3. <input type="checkbox"/> Passenger	40. Name (Last Name, First, MI) <input style="width: 95%; height: 30px;" type="text"/>	41. Age <input style="width: 95%; height: 30px;" type="text"/>	42. Sex 1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	
43. Des. & Activ. <input style="width: 95%; height: 30px;" type="text"/>	44. Injury/Illness Severity <input style="width: 95%; height: 30px;" type="text"/>	45. Nature of Most Severe Injury <input style="width: 95%; height: 30px;" type="text"/>	46. Part of Body Affected <input style="width: 95%; height: 30px;" type="text"/>	47. Unsafe Personal Factors <input style="width: 95%; height: 30px;" type="text"/>	48. Unsafe Practice <input style="width: 95%; height: 30px;" type="text"/>	49. Social Security No. (Employee Only) <input style="width: 95%; height: 30px;" type="text"/>
50. Was Employee on Overtime Status? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	51. Postal Service Experience Years Mos. <input style="width: 95%; height: 30px;" type="text"/>	52. Hours of Safety Training <input style="width: 95%; height: 30px;" type="text"/>	53. Five Year Postal Accident Record No. Prior Vehicle Accidents No. Prior Industrial Accidents <input style="width: 95%; height: 30px;" type="text"/>	54. Pay Location <input style="width: 95%; height: 30px;" type="text"/>	55. LDC/FON Code <input style="width: 95%; height: 30px;" type="text"/>	

Accident Factor(s) & Corrective Actions on Pages 1 & 2 of Form Have Been Reviewed & Are Concurred With.

56. Supervisor's Signature <input style="width: 95%; height: 30px;" type="text"/>	Date <input style="width: 95%; height: 30px;" type="text"/>	Supervisor's SSN <input style="width: 95%; height: 30px;" type="text"/>	57. Next Higher Level Mgr. Signature <input style="width: 95%; height: 30px;" type="text"/>	Date <input style="width: 95%; height: 30px;" type="text"/>
58. Supervisor's Printed Name <input style="width: 95%; height: 30px;" type="text"/>	Telephone No. <input style="width: 95%; height: 30px;" type="text"/>	59. MSC Safety Officer's Signature <input style="width: 95%; height: 30px;" type="text"/>	Date <input style="width: 95%; height: 30px;" type="text"/>	

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Form 1769 (continued)

60. Is a JSA on File? 1. Yes 2. No 61. Preventive Action Accident Number

(Explain how the preventive action will eliminate or reduce cause(s) and prevent similar accidents)

Narrative/Complete Description of Accident

(Describe accident, events leading to accident, causes of injury or damage, and specific location of accident—Provide the who, what, when, where, why, and how of this accident)

Hospital/Physician Information


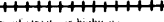
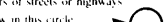

Hospital/Physician Name	Address	Area Code & Telephone No.
Treatment Date	Diagnosis	Duty Status

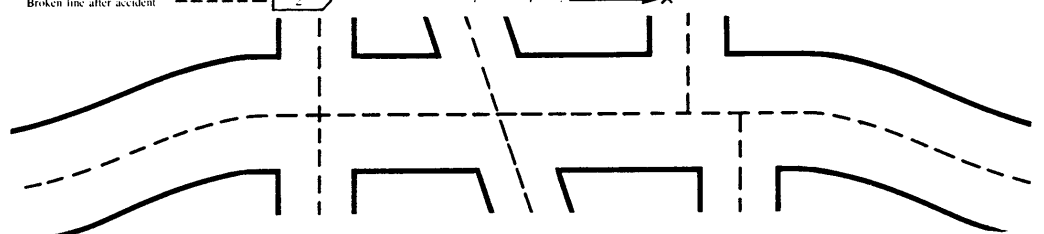
Hazardous Conditions and/or Equipment, Materials, Etc.

(Specify equipment with manufacturer name, model no., serial no., and year made. Where applicable, include vehicle ID no.)

Vehicle Diagram (For use in motor vehicle accidents)

(Indicate on the diagram below what happened. NOTE: Vehicle driven by postal employee is identified as Federal No. 1 regardless of ownership)

1. Number Federal vehicle as 1—other vehicle as 2—additional vehicle as 3, and show direction of travel by arrow
(Example: → 1 ← 2 ← 3)
2. Use solid line to show path before accident
Broken line after accident
3. Show pedestrian by 
4. Show railroad by 
5. Give names or numbers of streets or highways
6. Indicate north by arrow in this circle 
7. Show point of impact by 
8. Indicate skid marks & lengths
9. Indicate type & path of ejection
10. Traffic controls (signals, sign, officer, etc.)
11. Show width of roadway, traffic flow, parked vehicles, etc.



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