Electrical Injuries Evaluation Sheet

(To be completed by the safety inspector)

Name: _____ Dept/Crew: _____ Date/Time: _____

Brief (trivial) shocks from household levels of current/voltage or less in asymptomatic individuals who felt the "shock" in only one body part require no treatment. Persons with external signs of injury, persistent symptoms, a history of any heart problems, or abnormal vitals signs should be referred for evaluation. Any employee who has received a shock and requests evaluation should be referred for this.

1. Is the employee known to be pregnant? ( ) Yes ( ) No ( ) NA

2. Does the employee have a history of any heart problems? ( ) Yes ( ) No
(this includes irregular or fast heart beats, skipped heart beats, angina, blockages, heart attacks or defects)

3. Did the employee feel the shock or tingle or any symptom in more than one body part?
(i.e. more than your fingers on one hand, one hand, one foot, etc)
( ) Yes ( ) No

4. Is the employee having symptoms now? ( ) Yes ( ) No

5. Does the employee have chest discomfort, shortness of breath, heart palpations, or pain?
( ) Yes ( ) No

6. Was the level of current involved over 150 volts? ( ) Yes ( ) No

7. Is there any external/visible evidence of injury or burn (redness, open wound, etc)?
( ) Yes ( ) No

8. Is the employee's heart rate irregular, <60, or > 100? ( ) Yes ( ) No

If all questions are answered "No," then employee can be returned to regular duty. If any questions are answered "Yes" or if employee requests evaluation, then refer to Emergency Department or Wipperman Occupation Health.

Disposition: ( ) Return to work ( ) Referred to ER ( ) Other: _____

******If the answers to Questions 5, 6, or 8 is "Yes" or if has significant burn or if clinically indicated for another reason then send to ER by EMS.**

_____	_____	_____
Name of Safety Inspector	**Signature**	**Date**