Accident Prevention and Management Kit for Convenience Stores

Avoid extra expenses, frustration and loss of valuable time.

What To Do if Your Employee Is Injured at Work

What To Do if Someone Is Injured on Your Premises

Convenience Store Checklist

Car Wash Incident Report

Car Wash Checklist

Incident/Accident Report
Count on EMC® to help keep your business running smoothly and profitably—even when accidents occur.

Accidents can be time-consuming, frustrating and expensive, and they can impact numerous company resources. To help you cope with these problems, we’re offering you this Accident Prevention and Management Kit.

You’ll find several useful checklists and procedures to help verify that your company has taken the necessary steps to prevent accidents before they happen.

If you have questions about the enclosed materials, would like additional copies, or want additional help in preventing losses, contact your insurance agent or EMC loss control representative.

EMC Insurance Companies
Risk Improvement Department
800-477-2295, ext. 2520
losscontrol@emcins.com
What To Do if Your Employee Is Injured at Work

A Workers’ Compensation First Report of Injury form must be completed per the following procedures:

1. The First Report of Injury form is to be completed only by the insured, supervisor or agent and signed at the following times:
   a. When the insured has immediate knowledge of an injury occurring during the course of employment and at locations incidental to the employment
   b. When the employee alleges an injury occurred at work or when a physical/mental condition is related to the employment, whether the insured agrees or not
   c. Within 24 hours of a death that a survivor alleges to have been caused by or happened as a result of the employment, whether or not it occurred at the place of employment

2. Complete as much information as possible with special attention to:
   a. Gross wages, including bonuses, overtime and vacation pay
   b. Dependents
   c. All dates the employee missed work due to the injury

3. The employer is obligated to obtain reasonable medical services and supplies to treat an injured employee.

If your state allows employers to select/direct medical care, inform employees of this by posting information about the designated medical provider. In states where employers have the right to choose their medical care, an employer-preferred listing of other available medical providers can be offered and posted. In states with state-run workers’ compensation programs, employers may opt to be part of a Designated Medical Provider (DMP) network. Employees may choose a physician through DMP or use their own physician.

Failure to report injuries in a timely manner may result in a penalty.

Compliance with these recommendations will result in a more timely claim investigation.

If you do not have a First Report of Injury form, your agent can help you obtain one.

What To Do if Someone Is Injured on Your Premises

1. Call 911 if medical attention is needed.
2. Record injured person’s full name, address and telephone number.
3. Immediately inspect the area of the incident with the affected person to determine the location and cause of the incident. Do not make statements about cause, responsibility or blame.
4. Immediately fill out an incident report and take photos if necessary. A sample incident report is included in this kit.
5. Report the incident and provide any documentation to your insurance agent as soon as possible.
Convenience Store Checklist

Store Number: __________________________  Store Address: ________________________________________________

Supervisor’s Name: ___________________________________________________________  Date: ________________

OUTSIDE:

☐ Are bays, pump areas and walkways clean and free of obstructions, trip hazards or oil spots?
☐ Is sand, salt or ice melt applied to outside surfaces when they become icy?
☐ Are underground storage tank covers in place, covered and protected from traffic hazards?
☐ Are merchandise displays, price signs, advertising displays, trash cans, and towel and squeegee boxes secured in place?
☐ Are all steps, curbs or ramps in good repair and painted bright yellow to emphasize a change in elevation?
☐ Are canopy clearance elevations clearly marked? (especially if canopies are low, or there’s a previous history of clearance problems)
☐ Are hoses and nozzles in good condition, including plastic guards and return cables on pumps?
☐ Are overflow shutoffs on pump nozzles in good working condition?
☐ Are there clearly visible signs or decals that prohibit smoking and remind customers to shut off their vehicles’ engines while refueling?
☐ Are signs or decals that remind customers to place gas cans on the ground when filling and inform them of the fire explosion risks due to static electricity clearly visible on the pumps?
☐ If propane cylinders are exchanged, is the storage cabinet located no fewer than 5 ft from any doorway frequented by the public with at least two means of egress, or 10 ft with only one means of egress, and 20 ft from any fuel dispenser?

STORE INTERIOR:

☐ Are the floors clean and dry? (Use orange cones and “CAUTION: WET FLOOR” signs when floors are wet.)
☐ Are rugs and door mats free of wrinkles or tears that might cause a trip/fall?
☐ Are aisles free of obstructions and at least 28 inches wide?
☐ Are food spills on the floor or counters cleaned up promptly?
☐ Are items neatly stacked and stored in their respective places?
☐ Do displays and signs block the view of the store interior from the outside?
☐ Are bathroom cleaners and other chemicals stored in secure areas that aren’t accessible to customers?

STOREROOM AND WALK-IN COOLER:

☐ Are all chemical containers (e.g., drums, buckets and bottles) legibly labeled with contents?
☐ Is all storeroom stock safely stored? (Note: Heavier frequently used items should be stored lower.)
☐ Is there a sign visibly posted illustrating proper lifting techniques?
☐ Are all doorways and walkways clear of any obstruction?
☐ Are all cased goods stacked lower than chest height?

(See next page)
OFFICE AND CASHIER AREA:

☐ Are all boxes or items on overhead shelves stored securely to prevent them from falling?

☐ Are emergency phone numbers prominently posted near the phone?

☐ Are records kept on all customer complaints?

☐ Is all work performed on the premises by vendors secured by written contracts that hold the vendor responsible for claims arising from the work, and are copies of those contracts kept on file?

☐ Are records kept showing the date, time and person who cleans or inspects restrooms or store floors, or removes ice and snow outside the store?

☐ Are first aid kits stocked with supplies appropriate for the facility?

☐ Have all employees been instructed on the company’s loss prevention policies and reporting procedures?

☐ Is there a written emergency action plan for the store, and have all employees been trained to follow the plan? (e.g., weather-related emergencies, fire, robbery, customer and employee hostility, and health-related emergencies)

SECURITY:

☐ Are potential hiding places for intruders remedied as much as possible?

☐ Are the outside perimeters and all interior areas of the store well lit?

☐ Is the cashier’s area visible from the street and throughout the store?

☐ Are good cash management practices being followed? (e.g., cash kept to a minimum and drops made regularly)

☐ Are robbery deterrent signs posted in visible locations? (e.g., “Cash Is Kept To A Minimum” and “Time Lock Safe”)

☐ Are height markers installed along exit doors?

☐ Are door buzzers installed to signal the opening/closing of the door?

☐ If installed, is the video surveillance system working properly?

☐ Is there a police presence around the store?

Notes/Problems Identified:  
____________________________________________________________________________________  
____________________________________________________________________________________  
____________________________________________________________________________________  
____________________________________________________________________________________  

Signature:  ____________________________  Date:  ____________________________
Car Wash Incident Report

Front page to be completed by customer and given to store personnel

Thank you for letting us be of service to you. The incident you are reporting will be investigated with the help of the information you provide below. By accepting this report, our company does not assume liability for the incident.

CUSTOMER INFORMATION

Name: __________________________ DOB: _______ Driver’s License #: __________________

Address: __________________________ Phone Number: ___________ Male ☐ Female ☐

INCIDENT INFORMATION

Date of Incident: ___________________________ Time of Occurrence: ___________ a.m./p.m.

Location of Incident: ____________________________________________________________

Street Address: ________________________________________________________________

VEHICLE INFORMATION

Make/Model of Vehicle: ___________________________ Color of Vehicle: __________________

Year of Vehicle: _______________ State of Registration: ________ License Plate #: ______________

CUSTOMER’S COMMENTS/INCIDENT DESCRIPTION

Please specify the type of damage, part of vehicle affected and what happened:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Please indicate on outlines below the location of damage:

Customer’s Signature: ___________________________ Date: ___________________________

(See next page)
MANAGER'S REVIEW AND INCIDENT INVESTIGATION

Store #: ______________ Manager’s Name: _______________ Employee on Duty: __________________________

Date of Incident: __________________________________ Date Reported to Store: _______________________

Customer’s Name: ____________________________________________________________________________

How did you and/or your employees respond to the customer regarding the incident? __________________________________________________________

How could this incident be prevented in the future? ______________________________________________________

On the day of the incident, how many vehicles were washed prior to this one? _______________ After? _______________

Type of Antenna?  □ Power  □ Fixed  □ Removable  □ CB  □ Cellular

General Condition of Vehicle:  □ Excellent  □ Good  □ Average  □ Poor

Do the scratches look fresh? _______________ Is rust present? _______________ Is the damage deep? _________________

Is damage a smooth line? _______________ Is the damage in the form of repeated nicks? _________________

Attachments:  □ Estimates  □ Receipts  □ Photos  □ Other (please specify): ________________________________

Possible Cause: ___________________________________________________________________________________

Did you interview the customer?  □ Yes  □ No

General Comments: _____________________________________________________________________________

___________________________________________________________________________________________

Supervisor’s Signature: __________________________ Date: _______________

Employee on Duty’s Signature: __________________________ Date: _______________

OFFICE USE ONLY

Project Coordinator: ______________ VP of Operations: _______________ Territory Manager: _______________

Date Claim Submitted to Agent: _______________ Date Claim Processed by EMC: _______________

Comments: ___________________________________________________________________________________

□ Claim Paid  □ Claim Denied Date: _______________ Amount of Claim: $ _______________

_____________________________________________________________
Car Wash Checklist

Store Number: __________  Store Address: ____________________________________________

Supervisor’s Name: ________________________________________________________________  Date: __________

☐ Are all warning signs clear and legible?
☐ Are there clearly visible signs or decals that warn customers to stay inside the vehicle during the washing operation?
☐ Are clearance elevations clearly marked?
☐ Are there disclaimer signs posted in clear view at the car wash entrance?
☐ Does the disclaimer sign state that any damage sustained during the car wash operation should be reported to the manager immediately?
☐ Does the disclaimer inform customers that the business is not responsible for damage to certain equipment (e.g., bug shields, raised power antennas, modified or nonstandard items, loose parts or cracked windows) on the vehicle?
☐ Are records kept on all customer complaints?
☐ Are all price signs and other advertising displays secure?
☐ Are all canopy and overhead lights secure and in working order?
☐ Are closed-circuit cameras positioned to document the prewash condition of vehicles?
☐ Are closed-circuit cameras suitable to wet environments or protected against moisture?
☐ Is car wash equipment inspected regularly?
☐ Are records kept showing the date and time of all inspections and maintenance?
☐ Are wash bays scrubbed down quarterly to remove residue buildup?
☐ Is sand, salt or ice melt applied to outside surfaces when they become icy?
☐ Are records kept showing the date, time and person who cleans or inspects the area, or removes ice and snow outside?
☐ Are walkways clean and free of obstructions, trip hazards or oil spots?
☐ Has all unnecessary debris outside the car wash been thrown away?
☐ Are chemicals stored in secure areas that aren’t accessible to customers?
☐ Are all chemical containers (e.g., drums, buckets and bottles) legibly labeled with their contents?
☐ Are all doorways and walkways clear of any obstruction?
☐ Is there clearance of at least 3 ft around all storage containers, control valves and other equipment to allow emergency access?
☐ Are circuit breakers and disconnect switches clearly labeled to indicate what they control?
☐ Are all open circuit breaker spaces and knockouts filled or sealed in circuit breaker panels?
☐ Are all electrical cover plates in place and in good condition?
☐ Is all outdoor electrical equipment contained or protected by appropriate weatherproof enclosures or covers?

(See next page)
☐ Is all work performed on the premises by vendors secured by written contracts that make the vendor responsible for claims arising from the work, and are copies of those contracts kept on file?

☐ Is all permanent wiring enclosed and protected from damage?

Notes/Problems Identified: __________________________________________

____________________________________________________________________

____________________________________________________________________

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Plan of Action: __________________________________________

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____________________________________________________________________

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____________________________________________________________________

Follow-Up Date: ___________________________________________________________________ Date Completed: ___________________________________________________________________

By Whom: _____________________________________________________________________
Incident/Accident Report

Date of Incident: _____________________________ Time of Incident: ________________  ☐ AM  ☐ PM

Date Reported: _____________________________ Time Reported: ________________  ☐ AM  ☐ PM

Location — Building/Site: _____________________________ Specific Location: _____________________________

Name of Injured/Affected Person: _____________________________ ☐ Male  ☐ Female

Position: ___________________________________ Department: _____________________________

Phone Number: _____________________________ Email Address: _____________________________

Describe Incident/Accident: ________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Describe Loss/Injury: _________________________________________________________________

____________________________________________________________________________________

Weather Conditions (if applicable): ______________________________________________________

Describe Medical Treatment/First Aid: ____________________________________________________

____________________________________________________________________________________

Name of Person in Charge of Dept./Area: _________________________________________________

Witness(es) Name: _____________________________ Phone Number: _____________________________

Witness(es) Description of Incident/Accident: ______________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Persons/Entities Contacted: ______________________________________________________________

Suggested Corrective Action: ____________________________________________________________

____________________________________________________________________________________

Signature of Injured/Affected Person: _____________________________ Date: ____________________________

Signature of Witness(es): _____________________________ Date: ____________________________

(See next page)
FOR ORGANIZATION USE ONLY

Reviewed By:  ☐ Manager  ☐ Security/Safety  ☐ Technology  ☐ Risk Management  ☐ Owner

Additional Actions To Be Taken: __________________________________________________________
                                                                                                                                              __________________________________________________________
                                                                                                                                              __________________________________________________________
                                                                                                                                              __________________________________________________________
                                                                                                                                              __________________________________________________________
                                                                                                                                              __________________________________________________________

COMPLETE ONLY IF THIS INCIDENT WAS REPORTED TO LAW ENFORCEMENT

Law Enforcement Agency: ________________________________________________________________

Officers Name: ______________________________________________________________________

Law Enforcement Agency Contact Information: _____________________________________________
Expert Solutions

Since 1926, EMC Insurance Companies has provided policyholders with expert evaluations, technical expertise and effective loss control solutions. Today, with the support of leading-edge technologies, we have one of the most sophisticated loss control teams in the insurance industry.

Here are some additional services we offer:

- Construction safety
- Security consultation
- Noise assessment
- Mold consultation
- Indoor air quality assessment
- Online training
- Streaming safety videos
- Safety program templates

National Coverage

EMC Insurance Companies is in the top 50 property/casualty organizations in the United States and is one of the largest property/casualty companies in Iowa, based on net written premium. EMC is rated A (Excellent) by A.M. Best, the premier insurance credit rating organization that rates a company’s ability to meet their obligations to policyholders.*

Organized in 1911 to write workers’ compensation protection in Iowa, EMC Insurance Companies now offers property and casualty insurance products and services throughout the United States and writes reinsurance contracts worldwide. With more than 100 years of experience, we’ve proven to our customers that they can Count on EMC® — and you can, too.

Contact Us

Contact your local independent insurance agent and ask how EMC can help protect your business or organization.

EMC Insurance Companies
717 Mulberry Street
Des Moines, IA 50309
800-447-2295 • 515-280-2511

www.emcins.com

EMC Office Locations

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*The A.M. Best rating is an independent opinion of an insurer’s financial strength and ability to meet its ongoing insurance policy and contract obligations using a rating scale of A++, A+, A, A-, B++, B+, B, B-, C++, C+, C, C-, D, E, F, S.