

CONTRACTOR INCIDENT REPORT FORM

**NOTE: To be completed by Project Manager or Facilities Manager.
Completed form to be returned to Compliance Director within 24 hours of Incident.**

Date of Report: _____

Injured Party: _____

Employer: _____

Site: _____ Site Location: _____

Report Prepared By: _____ Title: _____

Signature: _____

1. ACCIDENT/INCIDENT CATEGORY (check all that apply – Double click and select "CHECKED")

Injury Illness Near Miss Property Damage Fire Chemical Exposure

On-site Equipment Motor Vehicle Electrical Mechanical Spill

Other (Specify: _____)

2. DATE AND TIME OF ACCIDENT/INCIDENT: _____ (AM/PM)

In a narrative report of the Accident/Incident, please identify the actions leading to or contributing to the accident/incident and the actions following the accident/incident.

3. WITNESS TO ACCIDENT/INCIDENT:

Name: _____ Company: _____

Address: _____ Phone No.: _____

Name: _____ Company: _____

Address: _____ Phone No.: _____

4. INJURED - ILL:

Name: _____ Address: _____ Age: _____

Length of Service: _____ Time on Present Job: _____ Time/Classification: _____

5. SEVERITY OF INJURY OR ILLNESS:

Disabling Non-disabling Fatality Medical Treatment First Aid Only

6. ESTIMATED NUMBER OF DAYS AWAY FROM JOB: _____

7. NATURE OF INJURY OR ILLNESS: _____

8. CLASSIFICATION OF INJURY (Check all that apply - Double click and select "CHECKED"):

- Abrasions Dislocations Punctures Bites Faint/Dizziness Radiation Burns
- Blisters Fractures Respiratory Allergy Bruises Frostbite Sprains
- Chemical Burns Heat Burns Toxic Resp. Exposure Cold Exposure
- Heat Exhaustion Toxic Ingestion Concussion Heat Stroke Dermal Allergy Lacerations

- Part of Body Affected: _____
- Degree of Disability: _____
- Date Medical Care was received: _____
- Where Medical Care was received: _____
- Address (if off-site): _____

9. PROPERTY DAMAGE:

Description of Damage: _____

Cost of Damage: \$ _____

10. ACCIDENT/INCIDENT ANALYSIS: Causative agent most directly related to accident/incident (Object, substance, material, machinery, equipment, conditions)

- Was weather a factor? _____
- Unsafe mechanical/physical/environmental condition at time of accident/incident (Be specific):

- Personal factors (Attitude, knowledge or skill, reaction time, fatigue, hobbies): _____

11. ON-SITE ACCIDENTS/INCIDENTS:

Level of personal protection equipment required in Site Safety Plan (if applicable):

- Modifications: _____
- Was injured using required equipment? _____
- If not, how did actual equipment use differ from plan? _____

12. ACTION TAKEN TO PREVENT RECURRENCE: *(Be specific. What has or will be done? When will it be done? Who is the responsible party to insure that the correction is made?)*

13. ACCIDENT/INCIDENT REPORT REVIEWED BY:

Name Printed: _____ Signature _____

Name Printed: _____ Signature _____

14. OTHERS PARTICIPATING IN INVESTIGATION:

Signature _____ Title _____

Signature _____ Title _____

Signature _____ Title _____