

## Incident Report

<b>Injury, Damage to property, or Near Miss (circle one)</b>				Fax to: _____	
Subcontractor's name (if not employee): _____					
<b>Damage to:</b> equipment, new construction work, existing facility, vehicle, other _____					
Employee's Last Name,		First Name		M.I.	
Injury Date	Start Time	Injury Time	Witnesses		Any Lost Time?
Trade/Occupation	Jobsite #	Where did the incident occur?			
Specific type of work at time of incident (i.e. demolition) _____					
<b>What happened?</b> (What was employee doing just prior to incident? How was he/she doing task? What occurred to trigger the incident? What <b>body part</b> specifically was involved?) Continue on back if necessary>>>					
Date Incident Reported:		Supervisor it was reported to:			
Circle <b>Type of incident:</b> Caught between, Fall to different level, Fall to same level, Struck/Cut by, Struck/Cut on, Exposure to, Contact with, Strain/Exertion, Motor Vehicle, Other _____					
What caused or contributed to the above unsafe condition(s)? Circle all that apply.			What caused or influenced the above unsafe action(s)? Circle all that apply.		
1. Caused by employee 2. Defective: normal use 3. Defective: abuse/misuse 4. Safety inspection failure 5. Poor Housekeeping 6. Illumination deficiency 7. Faulty design 8. Faulty construction			1. Unaware of hazard 2. Didn't know safe procedure 3. Low-level job skill 4. Ignored known hazard 5. Tried to save time 6. Tried to avoid effort 7. Illness influenced action		
9. Exposure to corrosion 10. Exposure to heat/cold 11. Poor preventative maint. 12. Ventilation defect 13. Caused by other worker 14. Cause other than above: 15. Unable to determine			8. Fatigue influenced action 9. Defective vision 10. Defective hearing 11. Other physical condition 12. Cause other than above: 13. Unable to determine		
<b>What action has been taken or will be taken to prevent recurrence?</b> Circle all that apply.					
1. Reinstruction of person(s) involved 2. Preventative instruction of others 3. Discipline of person(s) responsible 4. Job safety analysis ordered 5. Job reassignment of employee 6. Improved inspection procedure Improved cleanup procedure					
7. (describe below) 8. Standardized job procedure 9. Safety guard/device installed 10. Protective equipment required 11. Tool/equipment repaired/replaced 12. Improved storage 13. Eliminated congestion 14. Improved design/construction					
15. Use of safer materials/supplies 16. Improved illumination 17. Improved ventilation 18. Improved temperature control 19. Reduces noise/vibration 20. Correction other than above					
Describe details of corrective action taken or planned:					
<b>Medical care?</b> Yes, No. If yes, What clinic/hospital:					
Completed by: _____				Date: _____	
<b>IMMEDIATE</b> calls must be made to Safety ( ) and ( ) for any injury that may result in Lost time; or any property or equipment damage likely to exceed \$5000.					

**This entire form must be completed.**

