DESCRIPTION OF: What Ha	appened? To W	/hom? Whei	re? How?		
Injury Information:					
Name of Worker Injured:					
Position:		_Gender:	M/F	Cell Number:	
			,		
Start Time:am/	pm End Time:		_am/pm	Hours Worked:	
Turns of Injury				Dod. cont.	
Type of Injury: Description of Injury:			_	Body part:	
Medical Treatment provide Hospital/ Clinic (full addres		Y/N	Contact N	Number:	
Modified/ Restricted Days:		Lost Days:			
Date of Follow Up Appoint		<u> </u>	•	(MM/DD/YY)	
Damage Information:					
What has been Damaged:					
Was equipment involved in	spected prior to	o start?		Y/N	Please attach.
Estimated Costs:		_			
Description of damages:					
Who was Involved:					
willo was ilivolved.					
Security/ Theft:					
Estimated Costs:			Police Re	port Number:	
List of damages or theft:			_	F	

PLEASE DRAW A SKETCH OF THE INCIDENT: Add any important details.	

Environmental:					
Substance Involved:	Environment Impacted:				
Quantity Involved:	Quantity Released:				
Description of surrounding area ar	nd circumstances:				
Description of actions taken to sto	pp/ control release, clean up and remediate site:				
Conditions during clean up:					
Date clean up completed:	(MM/DD/YY) Deposit Location:				
Production Outage:					
Outage type:	Outage Duration:				
Equipment Identification:					
Cause of Outage:					
Shutdown/ Startup Problems:					
Witnesses:					
Name:	Cell Number:				
Name:	Cell Number:				
Name:	Cell Number:				
Name:	Cell Number:				
	Attach Witness Statement Form #				
External Reporting To be completed by Safety/ Enviro	nmental Advisor or Safety Codes officer:				
Federal Agency:	Reference No.:				
Contact Name:					
Notes:					

CAUSES:		
Immediate Causes: (What unsafe acts/ conditions	led to the incident?)	
Root Causes: (What management system or huma	n factors led to the unsafe	act or condition above?)
Actions Taken:		
Immediate Actions Taken:	By Whom?	Date Completed:
L		
Corrective Actions to Prevent Reoccurrence:	By Whom?	Date Completed:
	 	
Report Completed By (Manager):		
Print Name:	Signature:	
Date:		
Reviewed By (Director):		
Print Name:	Signature:	
Date:		

Driver and Vehicle In	formation:					
Driver's Name:			Departme	Department:		
Job Title:		Gender:	M/F	Employee #:		
Driver's License Numb	ber:		License C	lass:		
Expiry Date:			_		ach copy of Driver's License.	
Vehicle Make/ Model	:				Year:	
Serial Number:			License P	late:		
Odometer Reading:			Unit No:			
Conditions:						
Type of Collision:			Light Con	dition:		
Weather Condition:			Road Con	idition:		
Driver Action:						
Vehicle Action:			Travel Sp	eed:	km/hr	
Travel Direction:				Violation Charge:		
Estimated Cost of Da	mages:					
Vehicle Damages:						
Other Driver Action:						
Vehicle Action:			Travel Sp	eed:	km/hr	
Travel Direction:				Violation Charge:		
Estimated Cost of Da	mages:			_		
Vehicle Damages:				_		
Police Information:						
Reported to Police:	Y/N	Police Offic				
Badge Number:		Police Repo	ort Number:			
Cl. at all					Please attach police report.	
Sketch:						