Clear Form

INITIAL INCIDENT REPORT

Supervisors/Foremen/Crew Leaders/Employee shall use this form to report all work related injuries or illnesses – no matter how minor. This form shall be completed within 24 hours of incident or report of illness. The supervisor shall notify the Company of incident or illness immediately or when safe to do so according to the Emergency Response Plan (ERP).

TYPE OF INCIDENT	☐ Injury/Illness ☐ Property Damage ☐ Vehicle Incident ☐ Fire ☐ Chemical Spill ☐ Other:		**PHOTO TAKEN** ☐ YES ☐ NO
BASIC INFORMATION	**LOCATION OF INCIDENT:**	**INCIDENT DATE:**	**INCIDENT TIME:**
	REGION/DIVISION:	**CLIENT:**	**JOB NO.:**
	WAS GF ONSITE? ☐ YES ☐ NO	**TIME REPORTED TO GF:**	**TIME REPORTED TO OFFICE:**
INJURY CLASSIFICATION	Was Anyone Injured? ☐ YES ☐ NO ☐ First Aid ☐ Medical Beyond First Aid ☐ N/A		
	COMMENTS/CLARIFICATIONS (OTHER):		
	EMPLOYEE TREATED: ☐ On Site ☐ Offsite ☐ N/A (*If Offsite, Provide Treatment Location*):		
EMPLOYEE INVOLVED	**NAME:**	**JOB TITLE:**	**TIME SHIFT BEGIN:**
	TASK BEING PERFORMED AT TIME OF INCIDENT:		
	EMPLOYEE PHONE NO.:	**SUPERVISOR NAME:**	**SUPERVISOR PHONE:**
	Were others involved? ☐ YES ☐ NO *If yes, please list them below:*		
	WRITTEN STATEMENT PROVIDED: ☐ YES ☐ NO		
WITNESS INFORMATION	**NAME:**	**CONTACT NUMBER:**	
	WRITTEN STATEMENT PROVIDED: ☐ YES ☐ NO		
	NAME:	**CONTACT NUMBER:**	
	WRITTEN STATEMENT PROVIDED: ☐ YES ☐ NO		

INJURY/ILLNESS INFORMATION

INCIDENT TYPE (*Check All That Apply*):

☐ Struck By	☐ Same Level Fall	☐ Inhalation
☐ Struck Against	☐ Fall to Below	☐ Heat
☐ Caught In/On	☐ Lifting/Push/Pull	☐ Other
☐ Caught Between	☐ Electrical	☐ N/A

INJURY/ILLNESS TYPE (*Check All That Apply*):

☐ Abrasion	☐ Amputation
☐ Puncture	☐ Burn
☐ Laceration	☐ Fracture
☐ Crushing	☐ Sprain/Strain

BODY PART AFFECTED (*Check All That Apply*):

☐ Head	☐ Back	☐ Arm	☐ Leg
☐ Face	☐ Chest	☐ Hand	☐ Knee
☐ Eye	☐ Shoulder	☐ Finger	☐ Foot/Ankle
☐ Neck	☐ Elbow	☐ Groin/Hernia	☐ Other:

REQUIRED PERSONAL PROTECTIVE EQUIPMENT (PPE)

☐ Respiratory Protection	☐ Hearing Protection	☐ PPE-Other:
☐ Head Protection	☐ Hand Protection	
☐ Face Protection	☐ Foot Protection	
☐ Eye Protection	☐ Fall Protection	

Was Required Personal Protective Equipment (PPE) used? ☐ YES ☐ NO If not, explain:

DESCRIPTION OF INCIDENT

Briefly Describe What Happened

What Went Wrong To Result In The Incident?

What Directly Caused The Incident?

How did the incident/injury occur: (Answer questions such as "What was person or equipment doing when incident occurred?", "What injured the victim?" *Include equipment, vehicle, tools, chemicals, PPE used, weight and size of material, etc.*):

Was this incident avoidable? ☐ YES ☐ NO

How do you think this incident could have been prevented?

CONTRIBUTING FACTORS

UNSAFE CONDITIONS (*Check All That Apply*):

☐ Bypassed Guard or Device	☐ Inadequate Guard	☐ Lack of Required PPE
☐ Improper or Defective Clothing	☐ Defective Safety Device	☐ Inadequate Lighting
☐ Missing Safety Guard	☐ Unstable Walking Surface	☐ Defective Tool or Equipment
☐ Inadequate Ventilation	☐ Unguarded Hazard	☐ Improper Jobsite Layout
☐ Training Deficiency	☐ Adverse Environ. Conditions	☐ Housekeeping Issues
☐ Poisonous Vegetation	☐ Proximity to Other Workers	☐ Animal/Insect Encounter
☐ Fatigue	☐ PPE Not Worn	☐ Poor Communication

UNSAFE ACTIONS (*Check All That Apply*):

☐ Bypassing A Safety Device	☐ Distractions or Horseplay	☐ Operating at an Unsafe Speed
☐ Using Equipment Improperly	☐ Bypassing A Policy or Instruction	☐ Failure To Use Approved Tools
☐ Servicing Energized Equipment	☐ Improper Lifting Technique	☐ Bypassing A Safety Guard
☐ Failure To Wear Approved PPE	☐ Using Defective Equipment	☐ Improper Posture or Ergonomics
☐ Drugs/Alcohol Impairment	☐Failure To Recognize Hazards	☐ Work Place Violence

CORRECTIVE ACTIONS

WERE ANY IMMEDIATE CORRECTIVE ACTIONS TAKEN? ☐ YES ☐ NO Explain:

Date report completed: _____ Report completed on date of incident? ☐ YES ☐ NO

NAME OF PERSON FILLING OUT THIS FORM: _____ JOB TITLE: _____

BELOW LINE TO BE COMPLETED BY MANAGEMENT

Reviewed By: _____ Job Title: _____

Is further investigation required? ☐ YES ☐ NO Why: _____