INCIDENT/NEAR MISS REPORT

TYPE OF INCIDENT – CHECK ALL THAT APPLY

□ INJURY/ILLNESS □ VEHICLE ACCIDENT □ PROPERTY DAMAGE □ FIRE
□ SPILL/RELEASE □ VANDALISM □ NEAR MISS □ OTHER

GENERAL INFORMATION

PROJECT/OFFICE: DATE OF REPORT:
DATE OF INCIDENT: TIME: DAY OF WEEK:
SUPERVISOR ON DUTY: AT SCENE OF INCIDENT: □ YES □ NO
LOCATION OF INCIDENT:
WEATHER CONDITIONS: ADEQUATE LIGHTING AT SCENE: □ YES □ NO □ N/A

AFFECTED EMPLOYEE INFORMATION

(Include injured person, driver/operator, or employee whose activities resulted in the incident.)

NAME:
HOME ADDRESS:
SOCIAL SECURITY #: HOME PHONE #:
JOB CLASSIFICATION: YEARS IN JOB CLASSIFICATION:
HOURS WORKED ON SHIFT PRIOR TO INCIDENT: YEARS WITH CO.: DATE OF BIRTH:
DID INCIDENT RELATE TO ROUTINE TASK FOR JOB CLASSIFICATION: □ YES □ NO

INJURY/ILLNESS INFORMATION

NATURE OF INJURY OR ILLNESS:

OBJECT/EQUIPMENT/SUBSTANCE CAUSING HARM:
FIRST AID PROVIDED: □ YES □ NO
IF YES, WHERE WAS IT GIVEN: □ ON SITE □ OFF SITE
IF YES, WHO PROVIDED FIRST AID:
WILL THE INJURY/ILLNESS RESULT IN: □ RESTRICTED DUTY □ LOST TIME □ UNKNOWN

MEDICAL TREATMENT INFORMATION

WAS MEDICAL TREATMENT PROVIDED: □ YES □ NO
IF YES, WAS MEDICAL TREATMENT PROVIDED: □ ON SITE □ DR'S OFFICE □ HOSPITAL
NAME OF PERSON(s) PROVIDING TREATMENT:
ADDRESS WHERE TREATMENT WAS PROVIDED:
TYPE OF TREATMENT:

VEHICLE AND PROPERTY DAMAGE INFORMATION

COMPANY EQUIPMENT/AUTO INVOLVED IN ACCIDENT? □ YES □ NO

MAKE	MODEL	TYPE	OPERATOR

REPORT APPROVAL

	NAME PRINTED	SIGNATURE	DATE
EMPLOYEE INVOLVED:			
SUPERINTENDENT:			
SAFETY DIRECTOR:			
WITNESS:			

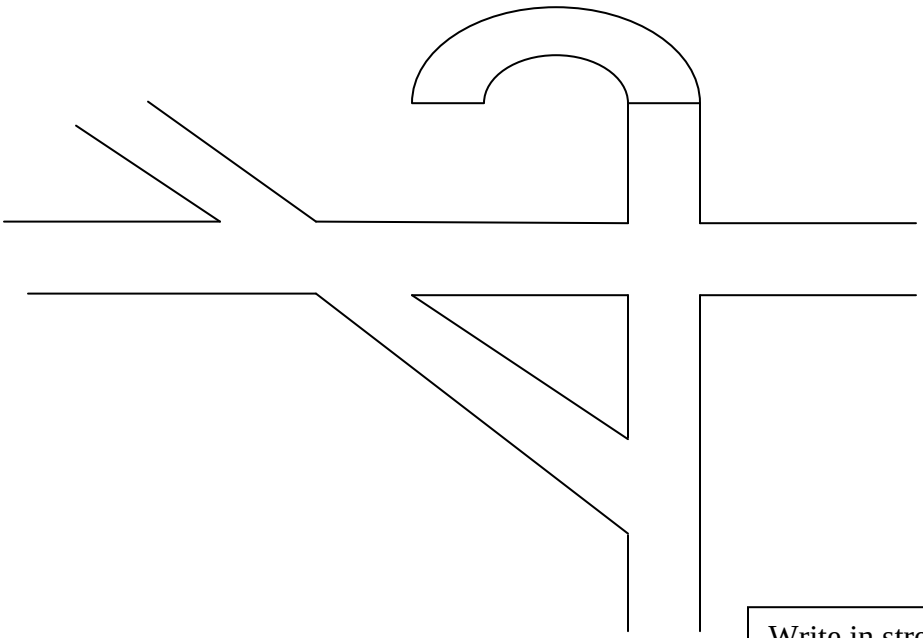
EMPLOYEE STATEMENT		
Project Name:	**Superintendent:**	
Date of Incident:	**Time of Incident:**	
Description of Incident:		
Name:	**Signature:**	**Date:**

WITNESS STATEMENT		
Project Name:	**Superintendent:**	
Date of Incident:	**Time of Incident:**	
Description of Incident:		
Name:	**Signature:**	**Date:**

ADDITIONAL COMMENTS		
Project Name:	**Superintendent:**	
Date of Incident:	**Time of Incident:**	
Description of Incident:		
Name:	**Signature:**	**Date:**

INCIDENT SKETCH

VEHICLE INCIDENTS



Write in street names and, if possible, the points of the compass.

If a sketch appears on a police report or insurance form, this need not be completed. Attach the other report.

INVESTIGATIVE REPORT

PROJECT NAME:	SUPERINTENDENT:
DATE OF INCIEDENT:	DATE OF INVESTIGATION:
OSHA RECORDABLE(S): □ YES □ NO	# RESTRICTED DAYS: # DAYS AWAY FROM WORK:
INCIDENT COST: ESTIMATED: $	ACTUAL: $

CAUSE ANALYSIS

WAS THE ACTIVITY ADDRESSED IN THE JSA?

□ YES (Attach a copy) □ NO

IMMEDIATE CAUSES – WHAT ACTIONS AND CONDITIONS CONTRIBUTED TO THIS EVENT? (Use next page)

BASIC CAUSES – WHAT SPECIFIC PERSONAL OR JOB FACTORS CONTRIBUTED TO THIS EVENT? (Use next page)

ACTION PLAN

REMEDIAL ACTIONS – WHAT HAS AND OR SHOULD BE DONE TO CONTROL EACH OF THE CAUSES LISTED?

ACTION	PERSON RESPONSIBLE	TARGET DATE	COMPLETION DATE

PERSONS PERFORMING INVESTIGATION

INVESTIGATOR'S NAME :(print)	SIGN:	DATE:
INVESTIGATOR'S NAME :(print)	SIGN:	DATE:

REPORT APPROVALS

SUPERINTENDENT: (print)	SIGN:	DATE:
PROJECT MANAGER: (print)	SIGN:	DATE:
SAFETY DIRECTOR: (print)	SIGN:	DATE:
PRESIDENT : (print)	SIGN:	DATE: