

Incident/Injury Report

* - denotes required information

PERSONAL INFORMATION

*Last Name: _____ *First Name: _____
MI: _____ *SSN: _____
*Address: _____ *City: _____
*State: _____ *ZIP Code: _____
Phone: _____ *Date of Birth: _____
*Gender: Male Female Job Title: _____
Date of Hire: _____ No. Hours Work per Day: _____
Company Name: _____ Shift-Start Time/End Time: _____ / _____
No. Days Worked per Week: _____ *Job Number: _____

INCIDENT INFORMATION

Project Manager: _____ Project Name: _____
*Type of Incident: _____ *Date: _____
*Time: _____ *Location Street: _____
*County: _____ *City: _____
*Date Reported: _____ *State: _____
Weather Conditions: _____
 Clear Sunny Snow Rain Ice
 Fog Wet Hot Cold Partly Cloudy
*Was anyone injured? (If yes, complete injury/illness sections)
 Yes No
Was post-incident drug screen collected?
 Yes No

INCIDENT DESCRIPTION

Describe how the incident occurred (in detail)

Employee alleges:

Describe any losses (include small tools, Rental equipment, property damage, etc.)

Was any equipment damaged?: Yes No

If Yes, equipment #: _____

Train ID: _____

Were any utilities damaged?: Yes No

If Yes, utility owner: _____

If Yes, expiration date: _____

Was incident reported to police/authorities?:

Yes No

Were any citations issued?: Yes No

Police report #: _____

Badge/ID#: _____

Were any witness statements taken?: Yes No

Describe any losses (include small tools, Rental equipment, property damage, etc.)

If Yes, type of equipment: _____

If Yes, damage estimate \$: _____

Train Consist: _____

If Yes, what type?: _____

If Yes, dig alert #: _____

If Yes, to whom?: _____

If Yes, to whom?: _____

Police phone #: _____

Are there any witnesses to the incident?: Yes No

If Yes, attach Witness Statement Forms

CORRECTIVE ACTIONS

List any corrective actions taken:

INJURY/ILLNESS DESCRIPTION

What task was the worker performing when injured?:

How did the injury/illness occur (be specific)

Employee alleges:

Which of the following unsafe acts/unsafe work procedures may have contributed to the injury/illness?:

- Failure to use safety devices Failure to obey safety rules Intoxication of employee Willful misconduct Other

If Other, explain: _____

*Did any machines, tools, objects, or substances contribute to the injury/illness? Yes No

If Yes, explain:

What type of injury/illness resulted?

*Did employee leave work?: Yes No If Yes, last date worked: _____

*Has employee returned to work?: Yes No If Yes, date returned: _____

Witness information (Include name, address, and phone of each witness)

EVALUATION/TREATMENT INFORMATION

*Did employee request medical treatment?: Yes No

If Yes, name of provider: _____ Provider phone: _____

Provider address: _____ If Yes, what is the worker's diagnosis/injury: _____

If Yes, name of person transporting worker: _____

If Yes, were prescriptions written for the worker's injury/illness? Yes No

If Yes, released to: Full Duty Modified Duty

Yes No

SIGNATURES

I attest that the above information is complete and correct to the best of my knowledge.

*Date: _____ Department: _____

Superintendent Name: _____ Supervisor Name: _____

Was supervisor on jobsite during incident? Yes No