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**INCIDENT NUMBER**

## **AUTO / EQUIPMENT INCIDENT REPORT**

Date of Incident:	Time of Incident:
Date Safety Notified:	Time Reported to Safety:
Superintendent / Foreman:	Division:
Project Manager:	Project Number:
Location of Accident/Incident:	

## **EMPLOYEE DATA**

Employee Name:		Phone:
Job Title:	Years' Experience:	
Drug Screen Administered:		If No, Please Indicate Reason:

## **INCIDENT INFORMATION**

Describe in detail the circumstances of the incident. Give a chronological sequence of events. If materials, equipment and/or vehicles were involved, start before they were brought to the incident scene and describe who, what, where, when, how, and why the incident happened in your words below.

Description of Damages:

Injuries: *(List Names of all injured parties if applicable)*

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## WITNESS INFORMATION

Are There Any Witnesses?		Total Number of Witnesses	
<b>Note: All Witnesses MUST complete at Employee/Witness Statement – <a href="#">Click Here To Download</a></b>			
Witness 1: (Name, Address, City/State/Zip, Phone):		Witness 2: (Name, Address, City/State/Zip, Phone):	

## REPORTING AGENCY

Did Authorities Respond?	Please check all that responded:
	<input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Ambulance <input type="checkbox"/> Other:
Municipality or Company Responding:	Report Number:
	Phone Number:
Contact Person:	Badge Number:
Additional Information:	

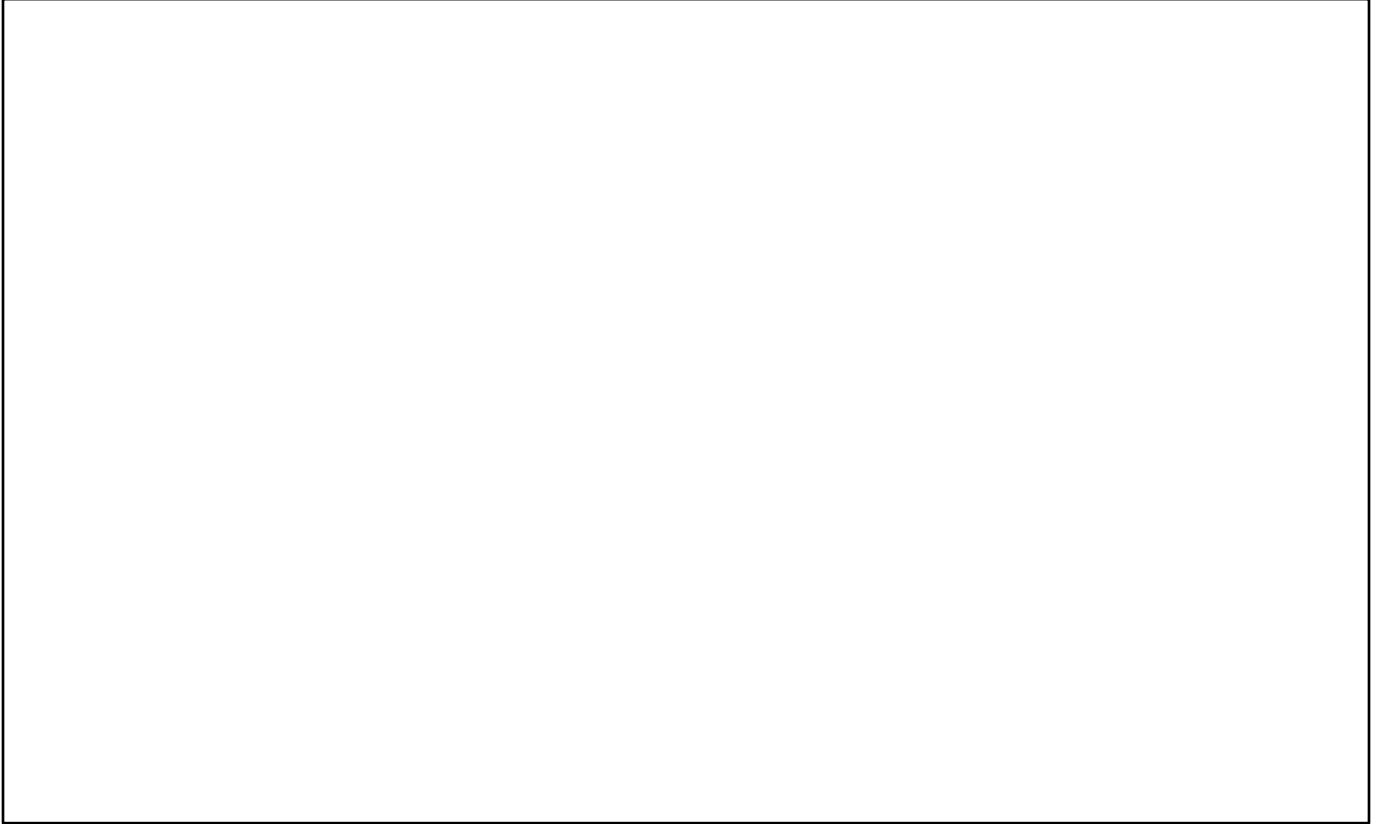
## AUTO OR EQUIPMENT DATA

<b>Vehicle 1:</b> Equipment or Vehicle Description (Make, Model, Year, Color):				
(Check One) <input type="checkbox"/> Co. Owned	<input type="checkbox"/> Sub Contractor	<input type="checkbox"/> Private	<input type="checkbox"/> Rental	Estimated Damage:
Owner/Operator Information: (Name, Address, City/State/Zip, Phone)		Insurance Information (Company, Address, City/State/Zip, Phone, Contact)		
License or Equipment Number:		Policy Number:		
<b>Vehicle 2:</b> Equipment or Vehicle Description: (Make, Model, Year, Color)				
(Check One) <input type="checkbox"/> Co. Owned	<input type="checkbox"/> Sub Contractor	<input type="checkbox"/> Private	<input type="checkbox"/> Rental	Estimated Damage:
Owner/Operator Information: (Name, Address, City/State/Zip, Phone)		Insurance Information (Company, Address, City/State/Zip, Phone, Contact)		
License or Equipment Number:		Policy Number:		

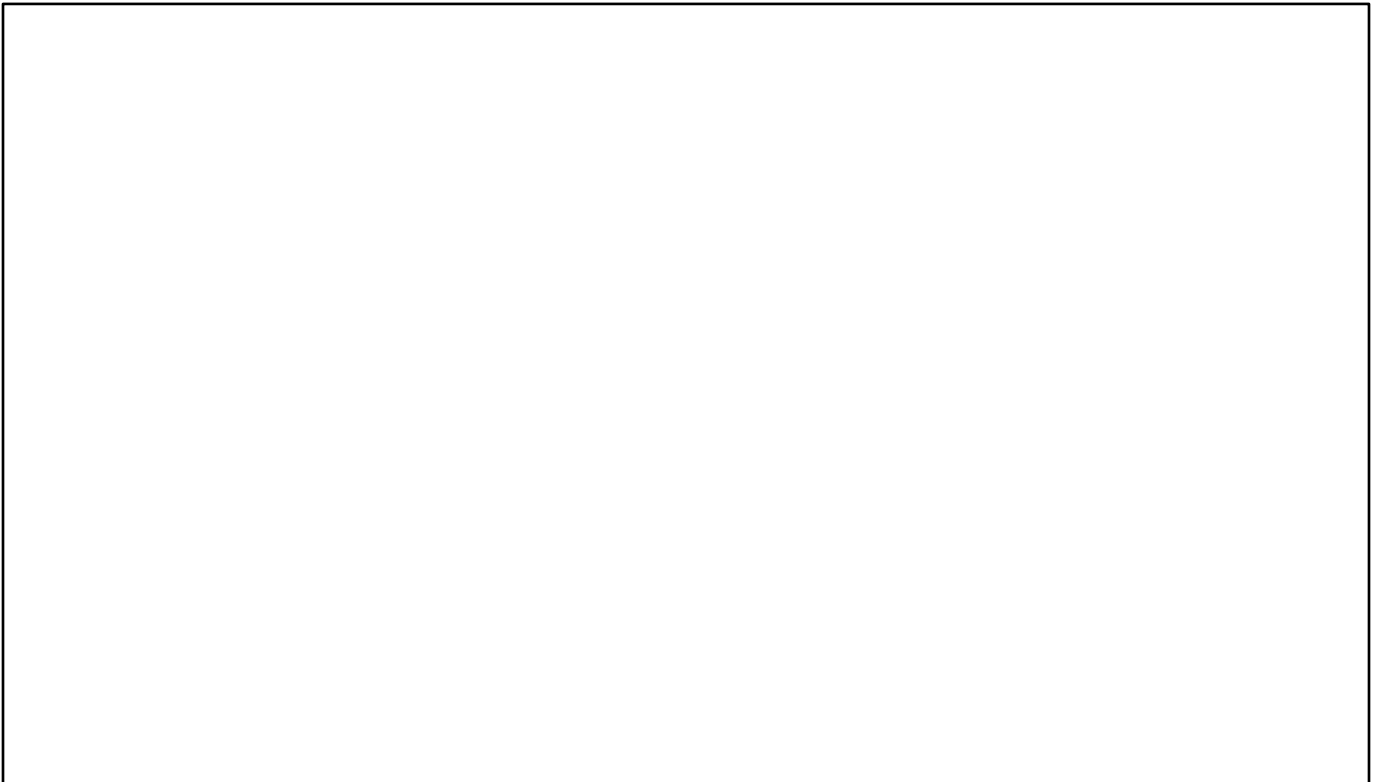
\*For additional auto/equipment data please [Click Here To Download](#)

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Insert Photos and Captions Below



Insert Caption Here



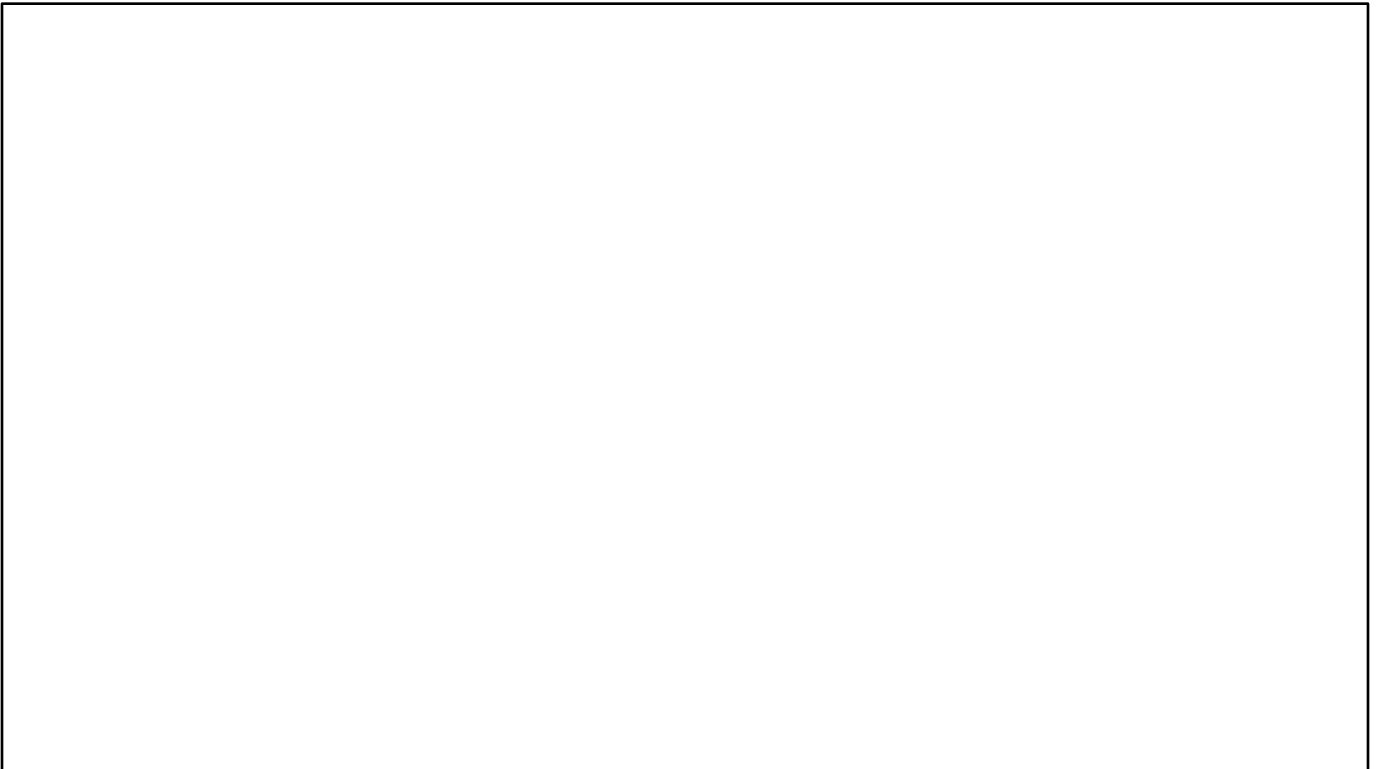
Insert Caption Here

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Insert Photos and Captions Below



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## REFERENCE GUIDE

### POTENTIAL CONTRIBUTING FACTORS

Use the listing below as an aid in identifying the factors that contributed to the incident.

*This is a reference guide to assist with completing the "Incident Analysis Review" on the following page.*

PROCEDURES	COMMUNICATION	FACILITIES/EQUIPMENT
None Developed	Insufficient planning within THA	Faulty equipment
Developed, not followed	Breakdown in communication between workers	Poor Design
Developed, not trained	Breakdown in communication between workers & supervisor	Not inspected sufficiently
Developed, not understood	Breakdown in communication between work teams	Ergonomic factors
Developed, not accurate	Confusion after communication	New equipment
Developed, unable to follow		Change in process/materials
IN A HURRY	HAZARD	OTHER FACTORS
Supervisor implied need	Created by co-worker, worker or other trade	Weather/temperature
Employee perceived need	Created by external factors	Working long hours
Friendly competition	Documented but not repaired	Physical over exertion
Due to external factors	Unidentified	Personal Protective Equipment
Workload too heavy	Identified but accepted	Improper body position
Lack of teamwork	Deficient repair	Light
Customer originated	Conditions changed without knowledge	Noise
Equipment failure	Improper communication	Atmosphere
Rushes deadlines	Lack of documentation	Visibility
Lack of help or assistance		Chemical
Illness		Insufficient training

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## INCIDENT ANALYSIS REVIEW

<b>Contributing Factor(s) to the Incident:</b> <i>Refer to "Potential Contributing Factors" list as a reference guide. Please document all contributing factors.</i>	<b>List the Corrective Action(s) taken to prevent recurrence for each contributing factor</b>
1.	1.  <b>Due Date:</b>
2.	2.  <b>Due Date:</b>
3.	3.  <b>Due Date:</b>
4.	4.  <b>Due Date:</b>
5.	5.  <b>Due Date:</b>
6.	6.  <b>Due Date:</b>
7.	7.  <b>Due Date:</b>
8.	8.  <b>Due Date:</b>
<b>Based upon the contributing factors identified above, which <u>ONE</u> if removed, triggered all other events to occur, this is the root cause.</b>	
<b>What was the Root Cause(s) of the Incident?</b>	<b>Corrective Action</b>          <b>Due Date:</b>

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## PARTICIPANTS OF THE INCIDENT ANALYSIS

Name	Company	Trade/Craft	Date

## ADDITIONAL NOTES / COMMENTS

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## MANAGEMENT REVIEW

Title	Signature	Date
First Line Supervisor		
Superintendent		
Project Manager		
Onsite Safety Representative: <i>(If applicable)</i>		
Other:		
Other:		
Claims Administrator:		
Safety Manager:		