

Insert Logo Here

INCIDENT NUMBER:

INDUSTRIAL INJURY INCIDENT REPORT

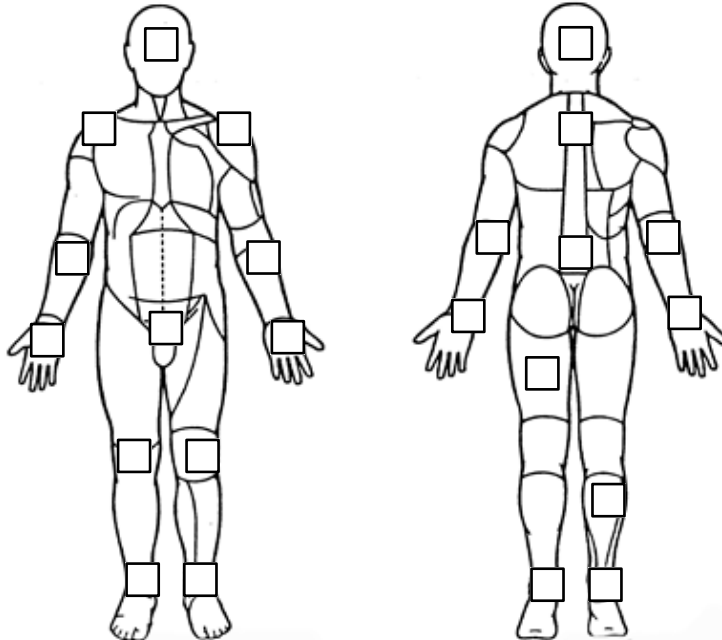
Date of Incident:	Time of Incident:
Date Safety Notified:	Time Reported to Safety:
Superintendent / Foreman:	Division:
Project Manager:	Project Number:
Location of Accident/Incident:	
Date Supervisor Notified:	Time Supervisor Notified:

EMPLOYEE DATA

Employee Name:	Sex:	Phone:
Employee Home Address:		
Job Title:	Years' Experience:	
Drug Screen Administered:	If No, Please Indicate Reason:	
Onsite First Aid Given:	If Yes, by Whom:	
Offsite Medical Treatment:	If Yes, Treating Facility Name, Location and Phone:	
Date Treatment Given:		

PERSONAL INJURY

Click on the checkboxes below to indicate the specific body part injured. (Detail descriptions on the following page)



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Mechanism of Injury (ex: Drill twisted arm)	List PPE worn at the time of the incident:
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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.

WITNESS INFORMATION

Witness 1: (Name, Address, Phone)	Witness 2: (Name, Address, Phone)
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Date of Incident:	Time of Incident:
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Supervisor Notified Date:	Supervisor Notified Time:
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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.

In your opinion, what suggestions do you have to prevent future occurrences?

**For additional Employee/Witness Statements, please [\(click here to download\)](#)*

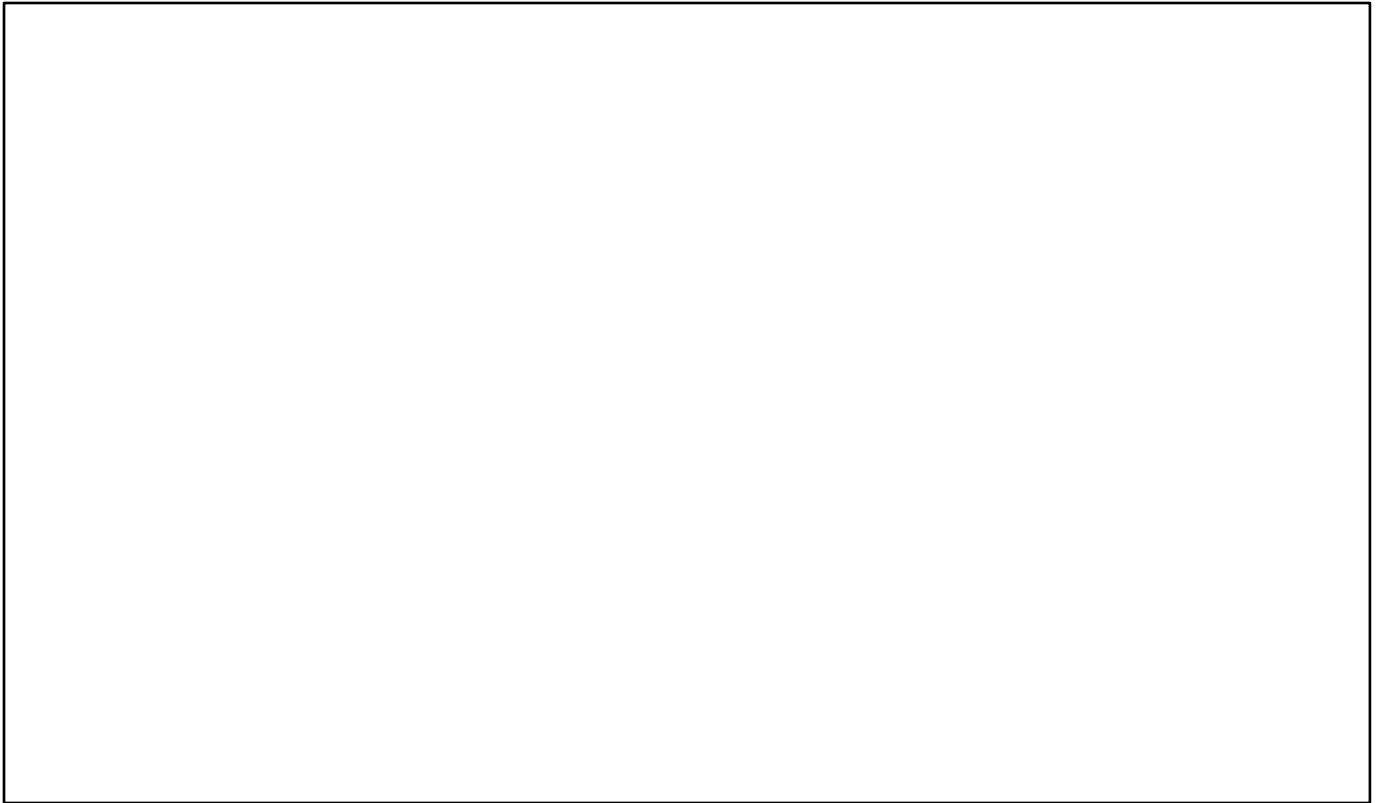
Print Name

Signature

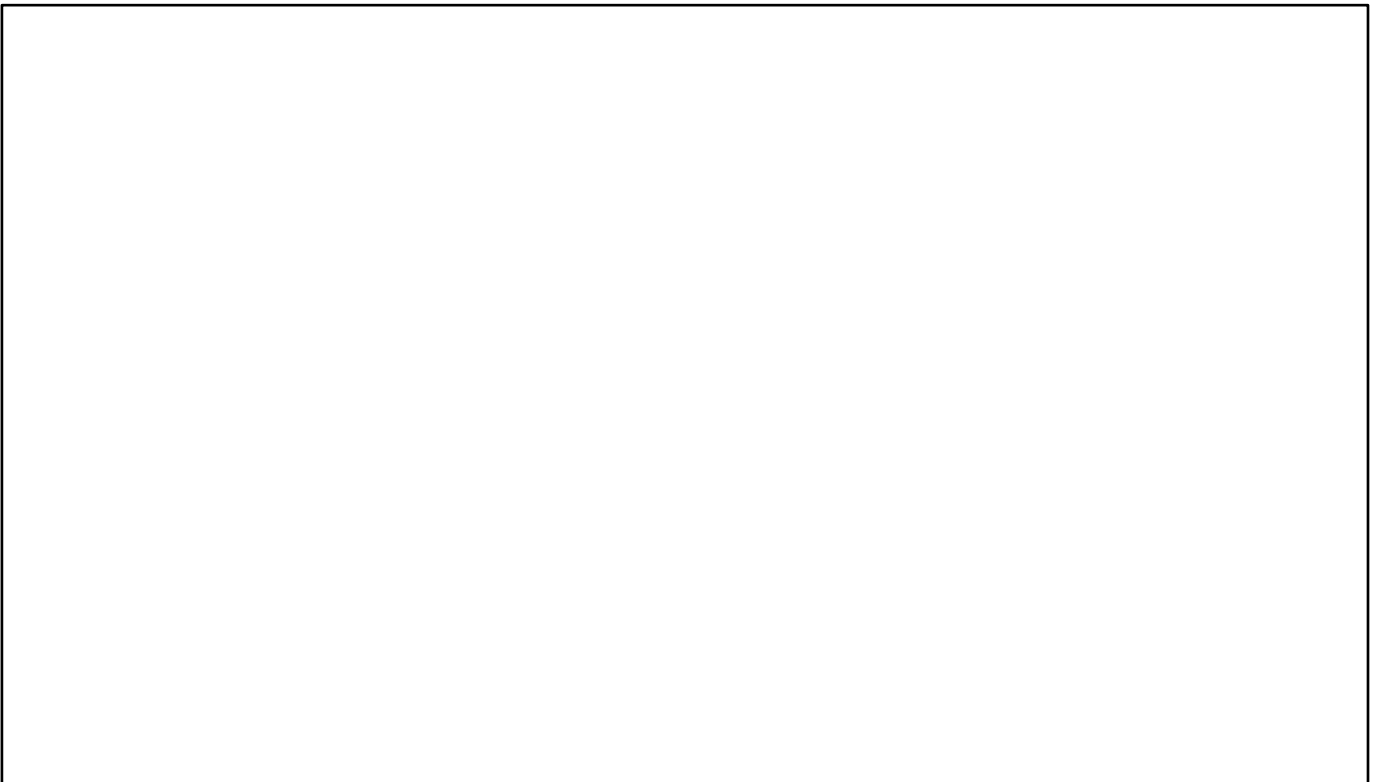
Date

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Insert Photos and Captions Below



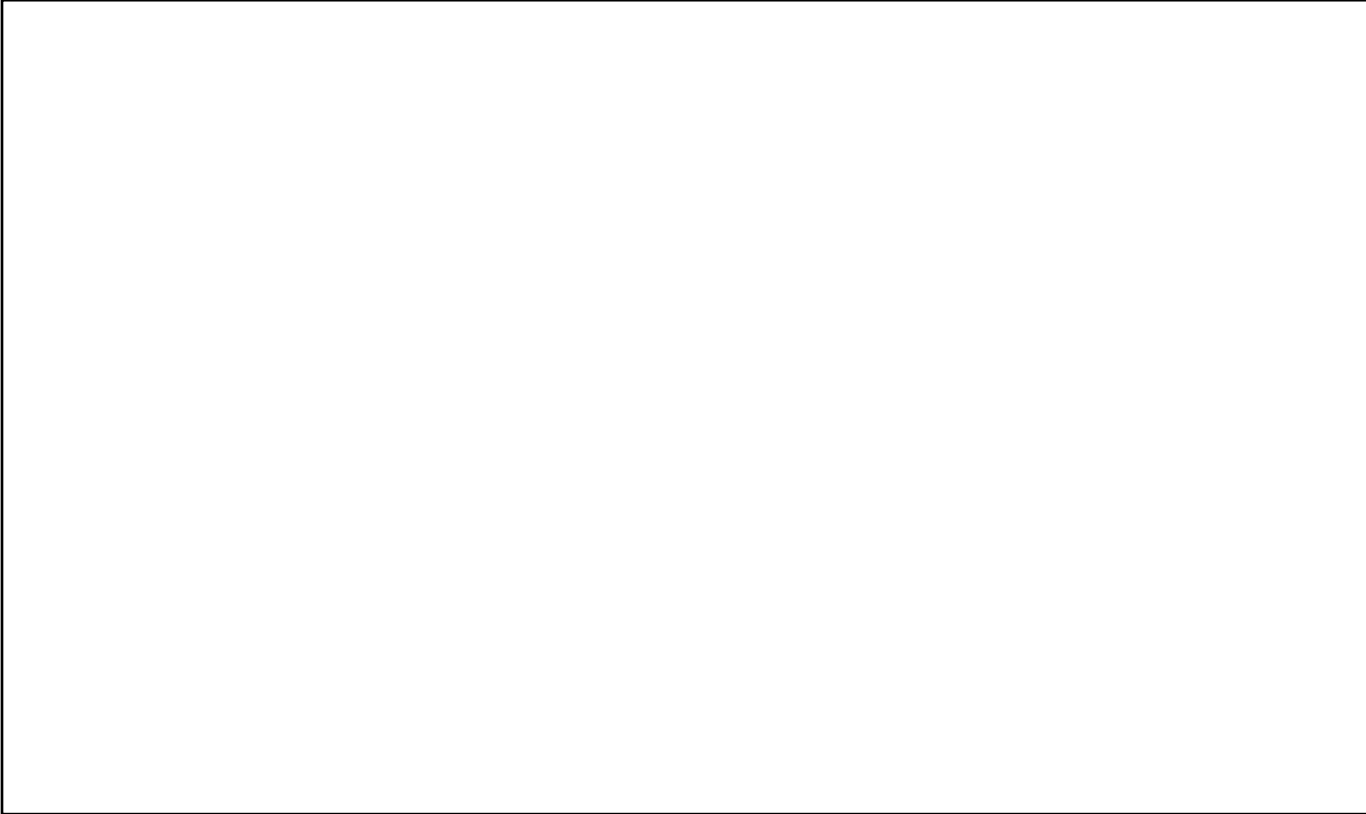
Insert Caption Here



Insert Caption Here

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Insert Photos and Captions Below



Insert Caption Here



Insert Caption Here

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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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PARTICIPANTS OF THE INCIDENT ANALYSIS REVIEW

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: (If applicable)		
Other:		
Other:		
Claims Administrator:		
Safety Manager:		