

Insert Logo Here

**INCIDENT NUMBER**

## **THEFT / VANDALISM INCIDENT REPORT**

Date Incident was Discovered:

Time Incident was Discovered:

Date Reported to Safety:

Time Reported to Safety:

Superintendent / Foreman:

Project Number:

Project Manager:

Division:

Name of Person who Identified Incident:

Phone #

Owner of Stolen / Vandalized Property:

Location of Incident:

### **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.

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

Insert Logo Here

## WITNESS INFORMATION

Are There Any Witnesses?

Total Number of Witnesses

**Note: All Witnesses MUST complete at Employee/Witness Statement – [Click Here To Download](#)**

Witness 1:  
(Name, Address, City/State/Zip, Phone):

Witness 2:  
(Name, Address, City/State/Zip, Phone):

## REPORTING AGENCY

Was a Police Report Filed:

If Yes, by Whom:

Date Report Filed:

Reporting Agency:

Officer's Name:

Badge Number:

Phone Number:

Police Report Number:

Additional Information:

## STOLEN / VANDALIZED ITEMS

Description of Stolen / Vandalized Items(s): *(Please Include Make / Model / Serial #)*

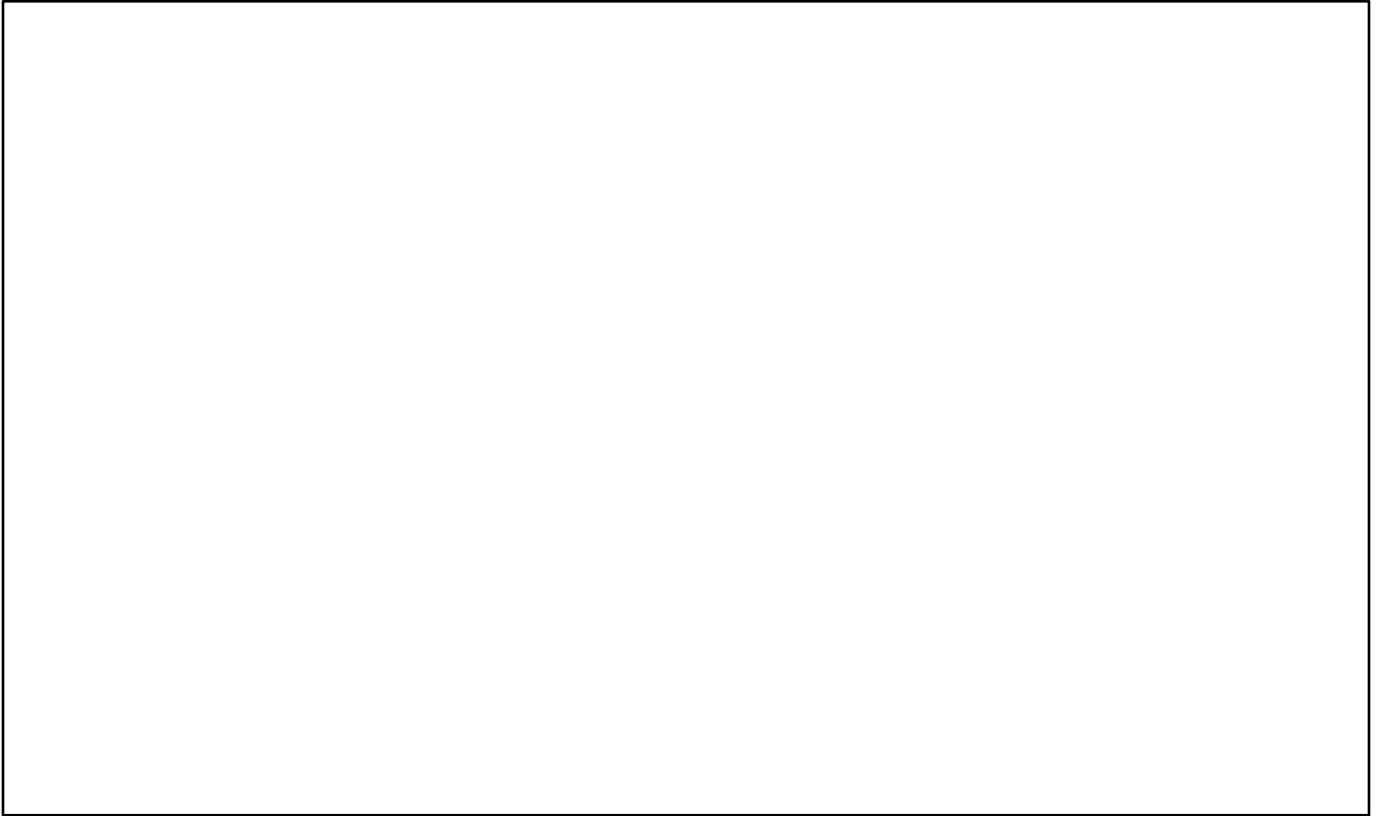
License / Equipment #

Estimated  
Damage

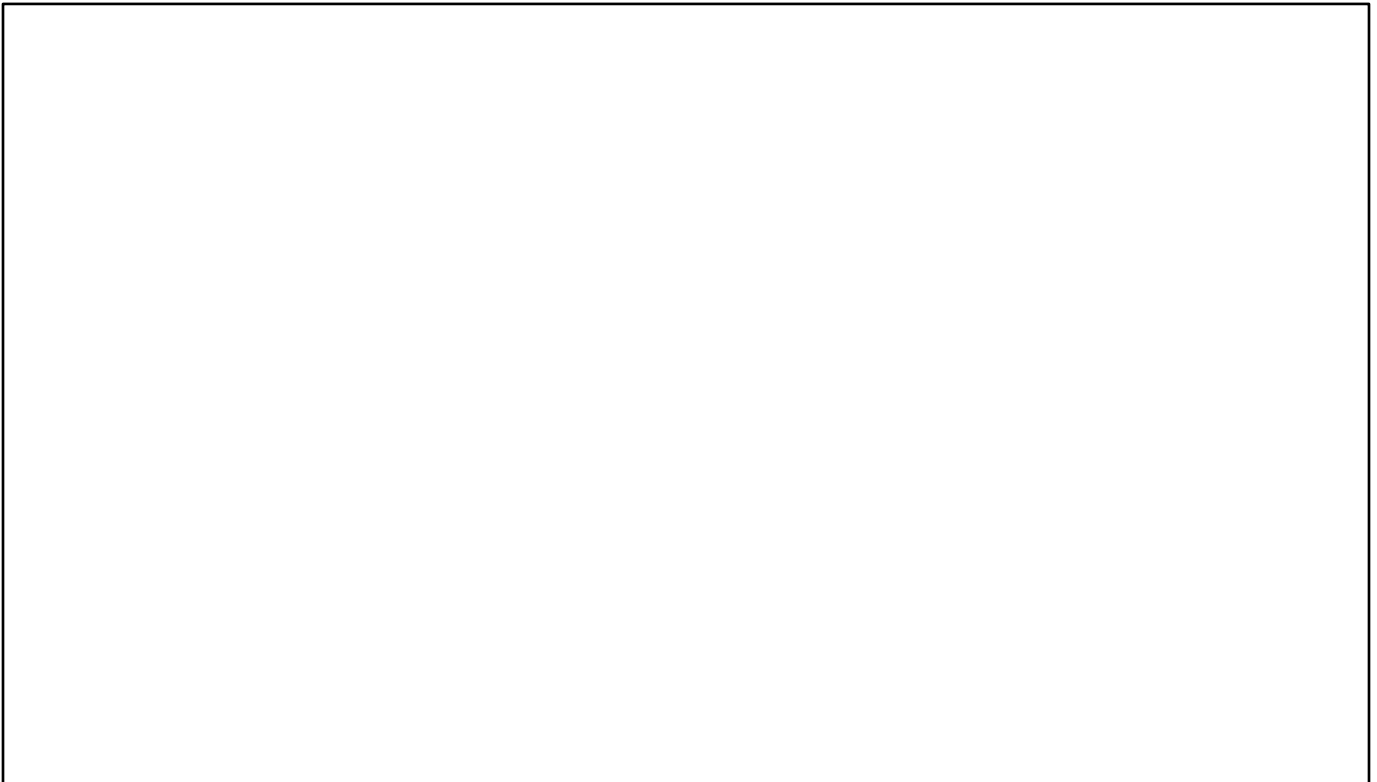
**Estimated Total Damage:**

Insert Logo Here

Insert Photos and Captions Below



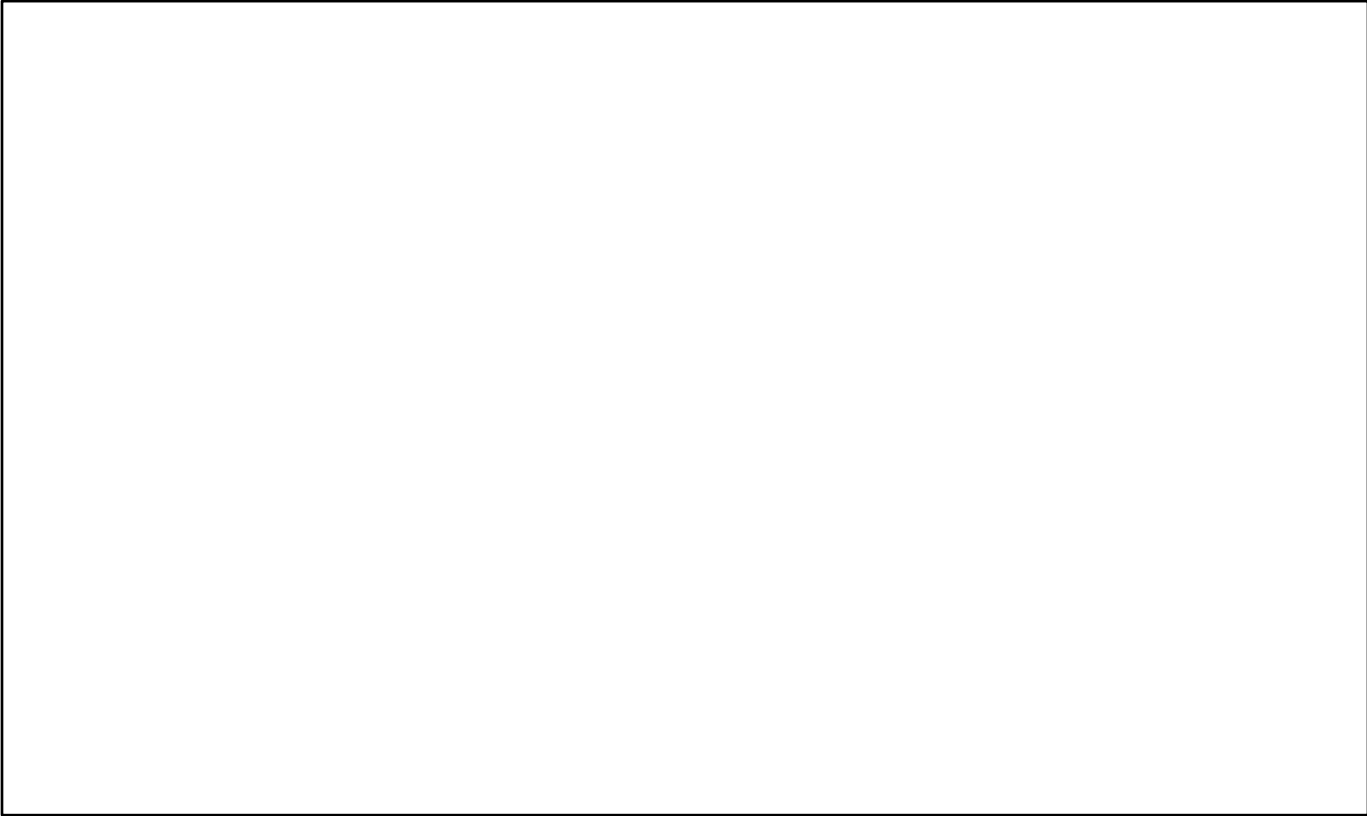
Insert Caption Here



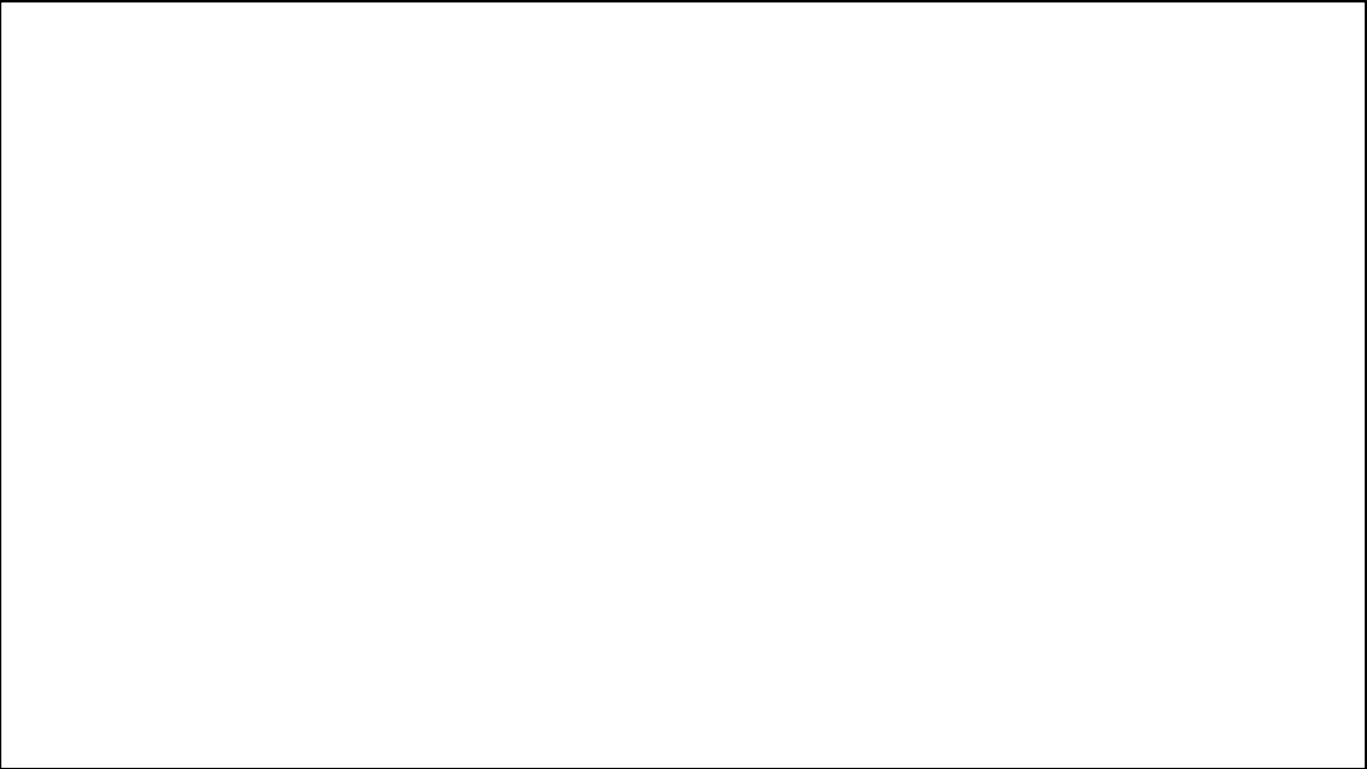
Insert Caption Here

Insert Logo Here

Insert Photos and Captions Below



Insert Caption Here



Insert Caption Here

## 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

Insert Logo Here

## 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>

Insert Logo Here

## PARTICIPANTS OF THE INCIDENT ANALYSIS

Name	Company	Trade/Craft	Date

## ADDITIONAL NOTES / COMMENTS

--

## MANAGEMENT REVIEW

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