



Incident Reporting Packet

This Packet Contains the Following Forms:

Employee Report of Incident (1)

(To be completed by Employee involved)

Supervisor's Report of Incident (1)

(To be completed by Employees Supervisor)

Witness Statement (2)

(To be completed by Witnesses, if any)

Injury Detail Report (1)

(To be completed by the Safety/HR Department)

All information must be provided and forwarded to the Corporate Office Immediately

When a jobsite Accident/Injury/Near Miss occurs, it is the responsibility of the supervisor to see that an effective investigation is conducted. All Accidents/Injury/Near Misses are to be documented and reported within **2-hours by phone and 48 hours in writing (72 hours for sub contractors)**. With regards to all Accidents/Injuries/Near Misses the Supervisors must:

- See that any injured workers receive proper first aid
- Seek medical attention for injured workers if needed
- Contact emergency personnel if required to treat injured workers
- Ensure that the accident scene is undisturbed and safe
- Document the scene with a camera (and video if possible)
- Obtain written statements from employees and witnesses
- Ensure drug and alcohol test is performed with appropriate employees
- Complete the Appropriate Investigation forms (see below)
- Submit completed Accident/Injury/Near Miss reports to a Corporate Officer
- Complete the insurance carriers documentation
- Complete the States first report of injury form
- Determine if discipline is necessary

Treatment and reporting of Injuries

If the accident involves personal injury, the supervisor must contact the safety department or the corporate office immediately for assistance. Whenever possible, **try to treat the injury on the jobsite using first aid**, before seeking medical attention. If medical attention is required, encourage doctors to treat any injury with over-the-counter medication to prevent the injury from becoming OSHA recordable. When possible, advise the doctor that modified duty work is available and **all** restrictions can be accommodated. Fully investigate the cause of the injury and ensure you find root cause to make recommendations to prevent reoccurrence.

For all First Aid Cases

Documentation to be completed

- | | |
|----------------------------------|-------------------------|
| 1. Supervisor Report of Incident | 3. Witness Report |
| 2. Employee Report | 4. Injury Detail Report |

For all Doctors Cases

- | | |
|----------------------------------|-------------------------|
| 1. Supervisor Report of Incident | 2. Witness Report |
| 3. Employee Report | 4. Injury Detail Report |

Near Miss

Fully investigate the Near Miss and ensure you find root cause to make recommendations to prevent reoccurrence. Treat all near misses as if it were an accident or injury.

Documentation to be completed

- | | |
|---------------------|-------------------|
| 1. Near Miss Report | 3. Witness Report |
| 2. Employee Report | |

Automobile Accidents

Whenever possible, the police should be called to investigate the accident. Make certain that you obtain automobile, driver, insurance and witness information. Vehicle damage needs to be reported to the Corporate Office.

Documentation to be completed

- | | |
|----------------------------------|-------------------|
| 1. Supervisor Report of Incident | 3. Witness Report |
| 2. Employee Report | |

Property Losses

When possible get the owner involved with the investigation. This report is to be filled out for damage to another party's property. These incidents need to be investigated thoroughly, pictures and statements taken, and notification made to the Corporate Office.

Documentation to be completed

- | | |
|----------------------------------|-------------------|
| 1. Supervisor Report of Incident | 3. Witness Report |
| 2. Employee Report | |

General Losses (Utilities, buildings, property damage)

When possible get the owner involved with the investigation. These incidents need to be investigated thoroughly, pictures and statements taken, and notification made to the Safety Department.

Documentation to be completed

- 1. Supervisor Report of Incident
- 2. Employee Report
- 3. Witness Report

Contacts

Corporate Office

Phone Number: _____

General Superintendent

Name: _____ Number: _____

Project Manager

Name: _____ Number: _____

Project Superintendent

Name: _____ Number: _____

PROJECT MANAGEMENT (GC OR OWNER)

Name: _____ Number: _____

OTHER

Name: _____ Number: _____

ALL ACCIDENTS/INJURIES/NEAR MISSES ARE TO BE REPORTED! NO MATTER HOW MINOR THEY APPEAR!

DO NOT TURN CLAIMS INTO THE INSURANCE CARRIER UNLESS YOU HAVE BEEN TOLD TO DO SO!

Employee Report of Incident

- Please Print-

Type of Incident:	<input type="checkbox"/> Injury/Illness	<input type="checkbox"/> Equipment/Vehicle Damage	<input type="checkbox"/> Property Loss or Damage	<input type="checkbox"/> Other
Employee Name:	_____			
Address:	_____			
Home Phone:	_____	Body part Injured:	_____	
Date of Incident:	_____	Time of Incident:	_____	Location of Incident: _____
Reported Incident to:	_____	When?	_____	
Weather Conditions:	_____	Temperature:	_____	
Witnesses:	_____			

Was safety equipment used at the time of incident? (hard hat, safety glasses, gloves, respirator, etc.?) Explain: _____ _____

Description of incident:

What could have been done to prevent this incident?

If incident involved an company vehicle / equipment, give unit number and describe damage:

Employee Signature: _____ Date: _____

Supervisor Report of Incident

- Please Print -

Type of Incident: Injury/Illness Equipment/Vehicle Damage Property Loss or Damage Other

Supervisor Name: _____ Today's Date: _____

Location of Incident: _____ Job Number: _____

Date of Incident: _____ Date Supervisor Notified: _____

Employee(s) Involved: _____

Description of Incident:

Police involved? YES NO Authority Contacted:

Cause of Incident:

Action to Prevent Reoccurrence:

Supervisor Signature: _____ Date: _____

Witness Statement

- Please Print -

Name: _____	Address: _____
_____	Home
Phone: _____	Work Phone: _____
Employed By: _____	
Employers Address: _____	

The accident happened on (date) _____ at (time) _____ AM PM

My observations before the incident:
My observations during the incident:
My observations after the incident:

Any additional information:

Witness Signature: _____ Date: _____

Witness Statement

- Please Print -

Name: _____	Address: _____
_____	Home
Phone: _____	Work Phone: _____
Employed By: _____	
Employers Address: _____	

The accident happened on (date) _____ at (time) _____ AM PM

My observations before the incident:
My observations during the incident:
My observations after the incident:

Any additional information:

Witness Signature: _____ Date: _____

Near Miss Report

Incident Number: _____

Incident Date: _____

Reported by: _____

Job No.: _____

Description (What, Where, When, Who, How)

What acts or conditions led directly to the incident?

Why the unsafe act was committed, or why was the unsafe condition present?

What steps have/will be taken to prevent a similar incident?

Person responsible for follow-up:

Expected completion date:

Actual completion date:

Verified by:

Superintendent (signature)

Project Manager (signature)

Safety Director (signature)
or
Corporate Officer

Injury Detail Report

Date of Incident: _____

Employee Name: _____ SS#: _____

Body Part Injured: _____ Type of Injury: _____

Project Name: _____ Job # _____

Foreman: _____

Employee Craft: _____

RECORDABLE YES NO Explain: _____

LOST DAYS YES NO Number of Days: _____

MODIFIED DAYS YES NO Number of Days: _____

(Lost or Modified days, forward a copy of restrictions from Doctor)

HOSPITAL/CLINIC VISIT YES NO Name: _____

DRUG TESTED YES NO Date: _____

DATE RETURNED TO WORK: _____

(Forward a copy of full release to work slip from Doctor to Corporate Office)

1st Report of Injury Completed YES NO Date: _____

MSHA 7000.1 Completed YES NO Date: _____

File sent to Corporate Office YES NO Date: _____

Comments: _____
