

ACCIDENT/INCIDENT REPORT

ALL incidents are to be reported to your Project Managerthe Health and Safety department immediately. The supervisor or applicable employee will complete this report in support of the investigation. The Health and Safety department will collect and analyze all essential information with all parties involved, and complete the investigation. Using "Root Cause Analysis", the Health and Safety department and parties involved will generate preventive and corrective safety actions and safety alerts to avoid a recurrence.

PERSON COMPLETING REPORT			DATE	
LOCATION OF INCIDENT/ACC	IDENT			
TIME/DATE OF ACCIDENT				
DESCRIBE 🔱	INCIDENT IN DETAIL BELOW			Ŷ
EMPLOYEES INJURED?		FIRST AID RENDERED?		
911 NOTIFIED?		HOSPITAL NOTIFIED?		
NAME OF INJURED				
DESCRIBE 🖖 MEDICAL ASSISTANCE RENDERED BELOW 🐺				
IF INJURED EMPLOYEE REFUSES MEDI	ICAL ATTENTION, HAVE THEM SIGN HERE			
DESCRIBE 🕂	INJURY IN DETAIL BELOW			1
				▼
4	DESCRIBE INJURY BELOW USING I	MAGE TO CIRCLE LOCATION		4
	COMDI ETING DEDORT SIGNATURE			
	COMPLETING REPORT SIGNATURE		1	