|  |  |  |  |
| --- | --- | --- | --- |
| Date of Incident |  | Time of Incident |  |
| Company Name |  | Location |  |
| Site Supervisor |  | Phone # |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Names and contact information for individuals involved in Incident |  | | | | Names and contract information for Witness’ to this Incident | |  | |
| Individuals taken for Drug/Alcohol Testing |  | | | | Company names of individuals taken for Drug/ Alcohol Testing | |  | |
| Task and Activity at time of the Incident | General Task | |  | | | | Supervision at time of Incident | □ Directly Supervised  □ Indirectly Supervised  □ Not Supervised  □ Supervision not feasible |
| Specific Activity | |  | | | |
| Employee working | | □ Alone  □ With fellow co-worker(s) | | | |
| Specific location of Incident |  | | | | Weather conditions at time of the Incident | |  | |
| Describe how the Incident occurred | |  | | | | | | |
| Incident Sequence (Describe in reverse order of occurrence events preceding the incident. Starting with the injury and moving backward in time, reconstruct the sequence of events that led to the incident.) | | Incident Event | |  | | | | |
| Preceding Event #1 | |  | | | | |
| Preceding Event #2 | |  | | | | |
| Preceding Event #3 | |  | | | | |
| Causal Factors  (Events and conditions that contributed to the incident. Be sure and describe in detail if the proper safety equipment was being used and if it was used correctly.) | |  | | | | | | |
| Corrective Actions (Those that have been, or will be, taken to prevent recurrence.) | |  | | | | | | |
| Name of Investigator | |  | | | | Company Name |  | |
| Signature | |  | | | | Date |  | |