

## Incident/Injury Report

\* - denotes required information

### PERSONAL INFORMATION

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_  
MI: \_\_\_\_\_ \*SSN: \_\_\_\_\_  
\*Address: \_\_\_\_\_ \*City: \_\_\_\_\_  
\*State: \_\_\_\_\_ \*ZIP Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_  
\*Gender:  Male  Female Job Title: \_\_\_\_\_  
Date of Hire: \_\_\_\_\_ No. Hours Work per Day: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Shift-Start Time/End Time: \_\_\_\_\_ / \_\_\_\_\_  
No. Days Worked per Week: \_\_\_\_\_ \*Job Number: \_\_\_\_\_

### INCIDENT INFORMATION

Project Manager: \_\_\_\_\_ Project Name: \_\_\_\_\_  
\*Type of Incident: \_\_\_\_\_ \*Date: \_\_\_\_\_  
\*Time: \_\_\_\_\_ \*Location Street: \_\_\_\_\_  
\*County: \_\_\_\_\_ \*City: \_\_\_\_\_  
\*Date Reported: \_\_\_\_\_ \*State: \_\_\_\_\_  
Weather Conditions: \_\_\_\_\_  
 Clear  Sunny  Snow  Rain  Ice  
 Fog  Wet  Hot  Cold  Partly Cloudy  
\*Was anyone injured? (If yes, complete injury/illness sections)  
 Yes  No  
Was post-incident drug screen collected?  
 Yes  No

### INCIDENT DESCRIPTION

Describe how the incident occurred (in detail)

Employee alleges:

Describe any losses (include small tools, Rental equipment, property damage, etc.)

**Was any equipment damaged?:**  Yes  No

If Yes, equipment #: \_\_\_\_\_

Train ID: \_\_\_\_\_

Were any utilities damaged?:  Yes  No

If Yes, utility owner: \_\_\_\_\_

If Yes, expiration date: \_\_\_\_\_

**Was incident reported to police/authorities?:**

Yes  No

Were any citations issued?:  Yes  No

Police report #: \_\_\_\_\_

Badge/ID#: \_\_\_\_\_

Were any witness statements taken?:  Yes  No

Describe any losses (include small tools, Rental equipment, property damage, etc.)

If Yes, type of equipment: \_\_\_\_\_

If Yes, damage estimate \$: \_\_\_\_\_

Train Consist: \_\_\_\_\_

If Yes, what type?: \_\_\_\_\_

If Yes, dig alert #: \_\_\_\_\_

If Yes, to whom?: \_\_\_\_\_

If Yes, to whom?: \_\_\_\_\_

Police phone #: \_\_\_\_\_

Are there any witnesses to the incident?:  Yes  No

**If Yes, attach Witness Statement Forms**

**CORRECTIVE ACTIONS**

List any corrective actions taken:

\_\_\_\_\_  
\_\_\_\_\_

**INJURY/ILLNESS DESCRIPTION**

What task was the worker performing when injured?:

\_\_\_\_\_

How did the injury/illness occur (be specific)

Employee alleges:

\_\_\_\_\_  
\_\_\_\_\_

Which of the following unsafe acts/unsafe work procedures may have contributed to the injury/illness?:

- Failure to use safety devices     Failure to obey safety rules     Intoxication of employee     Willful misconduct     Other

If Other, explain: \_\_\_\_\_

\*Did any machines, tools, objects, or substances contribute to the injury/illness?     Yes     No

If Yes, explain: \_\_\_\_\_

\_\_\_\_\_

What type of injury/illness resulted?

\_\_\_\_\_

\*Did employee leave work?:     Yes     No    If Yes, last date worked: \_\_\_\_\_

\*Has employee returned to work?:     Yes     No    If Yes, date returned: \_\_\_\_\_

Witness information (Include name, address, and phone of each witness)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EVALUATION/TREATMENT INFORMATION**

\*Did employee request medical treatment?:     Yes     No

If Yes, name of provider: \_\_\_\_\_    Provider phone: \_\_\_\_\_

Provider address: \_\_\_\_\_    If Yes, what is the worker's diagnosis/injury: \_\_\_\_\_

If Yes, name of person transporting worker: \_\_\_\_\_

If Yes, were prescriptions written for the worker's injury/illness?     Yes     No

If Yes, released to:     Full Duty     Modified Duty

If Yes, was the worker released back to work?     Yes     No

**SIGNATURES**

I attest that the above information is complete and correct to the best of my knowledge.

\*Date: \_\_\_\_\_    Department: \_\_\_\_\_

Superintendent Name: \_\_\_\_\_    Supervisor Name: \_\_\_\_\_

Was supervisor on jobsite during incident?     Yes     No