

INCIDENT REPORT  
(Contractor/Subcontractor Employees Only)

Project: \_\_\_\_\_ Project No.: \_\_\_\_\_

Injured Person: \_\_\_\_\_ Contractor : \_\_\_\_\_

Date Injured: \_\_\_\_\_ Date of Initial Work Performed: \_\_\_\_\_

Date Reported: \_\_\_\_\_ Last Day Worked: \_\_\_\_\_

Did Person Return to Work: \_\_\_\_\_ Date Returned: \_\_\_\_\_

Where Incident Occurred: \_\_\_\_\_

Witnesses: \_\_\_\_\_

Location of Work Area: \_\_\_\_\_

Kind and Extent of Injury: \_\_\_\_\_

Name - Address-Phone No. of Doctor – Hospital: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

Were there any safety measures in place?  Yes  No

Describe Damage to Equipment or Property: \_\_\_\_\_

Unsafe Condition or Act Causing Incident: \_\_\_\_\_

Action Taken to Prevent Similar Incident: \_\_\_\_\_

Additional Recommendations or Action: \_\_\_\_\_

Photo(s) Taken:  Yes  No

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_