



INCIDENT INVESTIGATION REPORT
Directions to complete this form are on reverse side.

INFORMATION:

Date of Incident: _____ Time: _____ AM ☐ PM ☐ Date Reported _____
Employee Involved: _____ Emp. #: _____
Job Name: _____ Job #: _____ Phase Code: _____
Foreman: _____ Superintendent: _____
Pictures Taken: Yes ☐ No ☐ DMV Form Yes ☐ No ☐
Equipment Number: _____
Supervisors Request for Drug Test: Yes ☐ No ☐ (REFER TO INSTRUCTIONS)
Witness/Third Party Information: _____

INCIDENT:

Incident Resulted In: Injury ☐ Illness ☐ Property Damage ☐ Theft ☐
Nature of Injury: _____
Part of Body: _____ Left ☐ Right ☐ Upper ☐ Lower ☐
Description of Incident/ Damage: _____

Reported By: _____ Emp. #: _____

INVESTIGATION : (THIS SECTION TO BE FILLED OUT BY SUPERVISOR and WORKER)

Describe Hazards or Acts that contributed to the incident/ damage: _____

CONTROLS:

Corrective Action Taken: _____

FOLLOW UP:

Date Hazard Corrected: _____ Signed: _____ Emp. #: _____

Routing: _____
Risk Manager ☐ Equipment Manager ☐
Job Manager ☐ H.R. ☐ Safety Director ☐

THIS FORM MUST BE IN THE OFFICE AS SOON AS POSSIBLE!!!

THIS FORM MUST BE ACCURATE AND COMPLETE!

When and who should fill out this form:

When;

- This form should be filled out and turned into the office within 24 hours, if there is personal injury or damage to property, i.e. equipment, vehicles, structures, utilities etc.
- When an employee is injured on the job but does not feel at that time there will be medical help needed.
- When there is theft of any materials, tools, equipment etc.

Who;

- The individual involved with the incident and if possible their supervisor is to fill out this report.
- This information should be duplicated on that day's Forman's Report.
- In the case of an injury, the appropriate box should be checked on the employee's time card and a written description the injury on the back.

INFORMATION:

This section is self-explanatory. When filling out this form, fill in all applicable information. (DMV Forms to be filled out when one of these three criteria are present in a motor vehicle accident; Death, Injury, or \$500.00 in property damage.)

If there is an injury that may need medical care it is necessary to promptly have the employee submit to a D&A Test. If there is property damage that is inactive to the company the responsible party or parties will need to submit to a D&A Test.

Call the Coffman Safety Director immediately to help to determine the need for testing.
Taking a D&A Test the following day is not acceptable.

INCIDENT:

Incident Resulted In: Check the appropriate box.

Provide a brief description of the following:

- Nature of injury – principal physical characteristics/what happened to employee, i.e.: sprains, contusions, burns, laceration, etc.
- Part of Body – body part directly affected by injury, i.e.: hand, fingers, arm, back, shoulder, etc. Check Left or Right as is applicable. Be specific.
- Type of Incident – Brief classification of type of incident i.e.: material handling (lifting, pulling, pushing) contact with hot substance, slip/trip/fall, stuck by/against, fall from elevation, etc.

Description of Incident/ Damage: Describe in detail what happened; where it happened; how it happened; what materials, equipment or conditions were involved; when it happened, etc. If it is ***equipment or vehicle damage***, give detailed description of damage. Provide prompt, accurate, thorough information.

INVESTIGATION:

Describe all hazards, conditions or acts which contributed to his incident:

- Unsafe conditions – hazards or unsafe physical condition or circumstance, i.e.: congested production area, defective equipment, necessary equipment not on site, poor weather conditions etc.
- Unsafe acts – unsafe work practices, i.e.

CONTROLS:

Recommended Corrective Action – state the action to be taken to avoid further injury; property damage; theft.

FOLLOW UP:

Date Hazard Corrected – date that the hazard was abated and is no longer an issue.

Signed – signature and emp. #of supervisor after abatement.