incident investigation report

|  |  |
| --- | --- |
| College: |  |
| college Project DIRECTOR: |       | TELEPHONE NO.: |       |
| project name: |       | project NO.: |       |

INCIDENT TYPE: [ ]  Near Miss [ ]  Recordable Injury [ ]  Property Damage

|  |  |  |  |
| --- | --- | --- | --- |
| **INCIDENT DATE:**  |       | **TIME:**  |       |
| **LOCATION:**  |       |
| **BRIEF DESCRIPTION OF INCIDENT:**  |       |
| **WEATHER CONDITIONS:**  |       |
| **INCIDENT REPORTED BY (NAME, TITLE):** |       | **DATE:**  |       |
| **GENERAL CONTRACTOR NAME:** |       | **CONTRACT NO.:**  |       |
| **SUBCONTRACTOR NAME:**  |       |
| **NAME OF PERSON INVOLVED / JOB DESCRIPTION / EMPLOYER:**       |
| **FULL DESCRIPTION OF INCIDENT:** (see attached page 2 of 5)  | [ ]  YES [ ]  NO |
| **WITNESSES INTERVIEW/STATEMENTS:** (see attached page 3 of 5) | [ ]  YES [ ]  NO |
| **SITE DIAGRAM:** (see attached page 4 of 5) | [ ]  YES [ ]  NO |
| **SITE PHOTOGRAPHS:** (see attached page 5 of 5)  | [ ]  YES [ ]  NO |
| **CORRECTIVE ACTION NEEDED / FOLLOW-UP TAKEN:**       |
| **PERSON RESPONSIBLE FOR CORRECTIVE ACTION TAKEN:**       |
| **PREPARED BY:** |  |  |  |       |  |       |  |
|  |  | **PLEASE SIGN** |  | **PRINT NAME, TITLE** |  | **DATE** |  |
| **REPORTING DATE:**       |
| ***Note: Upon completion submit the Incident Investigation Report to Regional Safety Manager.*** |

|  |
| --- |
| full description of INCIDENT |
|       |

|  |
| --- |
| witnesses interviews / statements |
|       |

|  |
| --- |
| site diagram |
|            |

|  |
| --- |
| site PHOTOGRAPHS |
|            |