

JOB NUMBER _____

DATE _____

SHEET _____

JOB NAME _____

SUPERINTENDENT _____

1. WAS ANYONE INJURED? YES - ACCIDENT REPORT NO - INCIDENT REPORT

2. Enter Data for all injured parties. Use second sheet if additional space is needed.

Name	Employer	Injury	Treatment

3. WERE THERE WITNESSES? NO YES - Enter below. Use second sheet if additional space is needed.

Name	Employer	Job Function	Location

4. PROJECT SUPERINTENDENT - DESCRIBE OBSERVATIONS AND IMMEDIATE RESPONSE ACTIONS TAKEN.

Line	Time	Observation / Action
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

5. DESCRIBE RELATED WORK BEING PERFORMED AT THE TIME OF THE ACCIDENT / INCIDENT AND APPLICABLE SAFETY RULES

Line	Time	Work In Process / Safety Rules
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

6. WERE SAFETY RULES VIOLATED? NO YES - Enter in 8 on next page.

7. DESCRIBE WHAT HAPPENED IN SEQUENCE.

Line	Time	Sequence Of Events
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

JOB NUMBER _____

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8. DESCRIBE THE CAUSE OF THE INCIDENT.

Line	Time	Cause Of Accident / Incident
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

9. DESCRIBE WHAT WAS DONE OR CAN BE DONE TO PREVENT THIS FROM TAKING PLACE AGAIN.

Line	Time	Preventative Actions
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

