SUNBELT CONTROLS

Appendix 33-B1
Incident Investigation Report

Incident Investigation Reports should be filled out for all types of incidences, including: personnel, equipment and "near-miss"

IN THE EVENT OF A SERIOUS ACCIDENT/INCIDENT, NOTHING SHALL BE REMOVED FROM THE SCENE UNTIL THE INVESTIGATION IS COMPLETE

All incidents must be reported within 4-hours of occurrence and an Incident Investigation Report should be completed and submitted within 24-hours

EMPLOYEE INFORMATION

Employee Name: _____ **SSN:** ____ – ____ – ____

Job Title: ☐ Journeyman ☐ Apprentice ☐ Other: _____ **DOB:** ____ (month) ____ (day) ____ (year)

Trade: ☐ Pipe Fitter ☐ Plumber ☐ Sheet Metal ☐ Other: _____

Home Address: _____ **Sex:** ☐ M ☐ F **Date of Hire:** _____

_____ **Years in Occupation:** _____

Phone Number: (____) ____ – _____

PROJECT INFORMATION

Job Name: _____ **Job#:** _____ **Conditions/Weather:** _____

Job Address: _____ **Length of Time At Job Site:** _____

_____

Location of Incident: _____
(CLEARLY INDICATE – BLDG / AREA / LEVEL)

Supervisor Name: _____ **Project Manager:** _____

INJURY/ILLNESS INFORMATION

Date of Incident: _____ **Time of Incident:** _____ ☐ AM ☐ PM **Date Reported:** _____

Body Part(s) Affected: _____ **Name of Injury:** _____ **Time Reported:** _____ ☐ AM ☐ PM

_____

Brief Description of Incident: _____

_____
_____
_____
_____
_____
_____

Type of Incident
- ☐ First Aid
- ☐ Recordable
- ☐ Lost Time
- ☐ Property
- ☐ "Near Miss"

(office use only)

MEDICAL INFORMATION

Treating Facility: _____ **Phone No.** (____) ____ – _____
FULL ADDRESS _____ **Taken by Whom** _____

Employee Tested for Drugs: ☐ YES ☐ NO if 'NO' please explain: _____

_____

INCIDENT INVOLVEMENT INFORMATION

Foreman's Time: _____ **Crew Time:** _____ **Injured Workers Time:** _____

Damaged Equipment/Property Value: _____ **Schedule Impact (Time):** _____

Safety Dept/Risk Management Time: _____ _____

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Injured Worker's Statement

to be completed by the employee

Employee Name: _____ **Job Number:** _____
Job Title: _____ **Date of Incident:** _____
Trade: _____ **Time of Incident:** _____
Job Name: _____

1. **Where were you when the incident occurred?** _____

2. **What activity were you performing at the time of the incident?** _____

4. **Name(s) of witness and/or other employees working with the injured worker:**

Employee Name	Company

4. **What Personal Protective Equipment (PPE) were you wearing at the time of the incident?** _____

ANY PPE INVOLVED IN THE INCIDENT MUST BE COLLECTED & SECURED AND SUBMITTED WITH THE INCIDENT INVESTIGATION REPORT (example: EMPLOYEE WEARING GLOVES AND RECEIVED A HAND LACERATION)

5. **Was equipment involved in the incident?** ☐ **YES** ☐ **NO**
if 'YES' please provide the following information:

Type of Equipment:		Serial Number:	
Model No.:		Owner of Equipment:	

6. **Is a certification required to operate equipment?** ☐ **YES** ☐ **NO**

7. **In your own words, what happened? (tell as a story –** if you need more room flip over and write on the back**)**

Statement: _____

8. **What do you think could have been done to prevent this type of incident from occurring?** _____

Employee Signature: _____ **Date:** _____

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Appendix 33-B1
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Witness Statement

to be completed by any witness'
(each witness should complete a separate statement)

Witness Name: _____ **Job Number:** _____
Job Title: _____ **Job Name:** _____
Trade: _____ **Date of Incident:** _____
Witness Phone No.: ( ) – _____ **Time of Incident:** _____
Employer Name: _____
Employer Phone No.: ( ) – _____ **Conditions/Weather:** _____

1. **Where were you when the incident occurred?** _____
2. **What activity were you performing at the time of the incident?** _____
3. **What activity was the employee performing?** _____
4. **Name(s) of witness and/or other employees working with the injured worker:**

Employee Name	Company

5. **What Personal Protective Equipment (PPE) was the injured employee wearing at the time of the incident?** _____
6. **Was equipment involved in the incident?** ☐ **YES** ☐ **NO**
if 'YES' please provide the following information:

Type of Equipment:		Serial Number:	
Model No.:		Owner of Equipment:	

7. **What did you see?** _____
8. **What did you hear?** _____
9. **What did you do?** _____
10. **In your own words, what happened? (tell as a story –** if you need more room flip over and write on the back**)**

Statement: _____

Witness Signature: _____ **Date:** _____

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Appendix 33-B1
Incident Investigation Report

Incident Corrective Action(s) and Summary Report

Corrective Action(s) / Recommendations (to prevent similar incidents): _____

Corrective Action(s) to be implemented by (DATE): _____

Accident Investigator Summarization: (summarize accident based upon the written and verbal statements of all the parties involved) _____

Investigators Signature: _____ **Date:** _____

Project Manager Signature: _____ **Date:** _____

Safety Manager Signature: _____ **Date:** _____