# 17.11 INCIDENT REPORT

## NATIONAL CONCRETE & CONSTRUCTION

## INCIDENT REPORT

**Complete this report as soon as practical after any injury, illness, property damage, vehicle collision, equipment damage, utility strike, environmental release, public incident, or other unplanned event.**

**Do not delay emergency medical treatment to complete this form.**

### General Information

**Incident number: _____**

**Project or location: _____**

**Exact incident location: _____**

**Date of incident: _____**

**Time of incident: _____**

**Date reported: _____**

**Time reported: _____**

**Reported to: _____**

**Incident type:**

☐ **Injury**
☐ **Occupational illness or exposure**
☐ **First aid**
☐ **Medical treatment**
☐ **Property damage**
☐ **Vehicle collision**
☐ **Equipment damage**
☐ **Utility strike**
☐ **Environmental release**
☐ **Public or third-party incident**

☐ Fire
☐ Other: _____

## Injured or Affected Person

Name: _____

Employer: _____

Job title: _____

Employee identification number: _____

Supervisor: _____

Contact number: _____

Date of hire: _____

Task at time of incident: _____

## Injury or Exposure Information

Body part affected: _____

Type of injury or exposure: _____

PPE being worn: _____

First aid provided: ☐ No ☐ Yes

Provided by: _____

Emergency medical services called: ☐ No ☐ Yes

Transported for evaluation: ☐ No ☐ Yes

Transport method: _____

Medical facility: _____

Do not include diagnoses, unrelated medical history, or unnecessary confidential information in the general project copy.

## Incident Description

**Describe what occurred in chronological order. Include the work being performed, employee position, tools or equipment involved, environmental conditions, and events immediately before and after the incident.**

## Immediate Actions

☐ **Work stopped**
☐ **Area secured**
☐ **First aid provided**
☐ **Emergency services contacted**
☐ **Equipment removed from service**
☐ **Hazard corrected**
☐ **Photographs taken**
☐ **Witnesses identified**
☐ **Management notified**
☐ **Owner or GC notified**
☐ **Utility owner notified**
☐ **Environmental response initiated**
☐ **Other: _____**

## Equipment, Vehicle, or Property Involved

**Owner: _____**

**Description: _____**

**Unit, serial, license, or VIN information: _____**

**Estimated damage: _____**

## Witnesses

| Name | Employer | Contact Information | Statement Obtained |
|---|---|---|---|

## Preliminary Causal Factors

**Check all that may have contributed. This is preliminary and shall not be treated as a final conclusion.**

☐ **Work planning**
☐ **Inadequate hazard identification**
☐ **Changed conditions**
☐ **Training or qualification**
☐ **Communication**
☐ **Supervision**
☐ **Procedure not followed**
☐ **Procedure inadequate**
☐ **Equipment condition**
☐ **Equipment selection**
☐ **Guard or safety device**
☐ **PPE selection or use**
☐ **Housekeeping**
☐ **Weather or lighting**
☐ **Fatigue or impairment concern**
☐ **Third-party action**
☐ **Design or engineering issue**
☐ **Material failure**
☐ **Other: _____**

## Notifications

| Person or Organization | Name | Date | Time | Notified By |
|---|---|---|---|---|
| **NCC supervisor** | | | | |
| **Project manager** | | | | |
| **Safety Director** | | | | |
| **Senior management** | | | | |
| **Owner or GC** | | | | |
| **Insurance representative** | | | | |

**Other**

## Reporting Review

**Potential OSHA-recordable event: ☐ Yes ☐ No ☐ Under review**

**Potential immediate OSHA reporting requirement:**
**☐ Yes ☐ No ☐ Under review**

**Workers' compensation report initiated:**
**☐ Yes ☐ No ☐ N/A ☐ Under review**

**The determination shall be made by an authorized NCC representative. Checking a box does not constitute a final legal determination.**

## Prepared By

**Name: _____**

**Title: _____**

**Signature: _____**

**Date: _____**

**Supervisor review: _____**

**Safety review: _____**

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