

Environmental Health and Safety - Contractor Incident Report

| | | | |
|---|-----------------------------|--|-----------------------------------|
| Project Name: | | Incident Date: | |
| MSU Project No: | | Incident Time: | |
| Company Name: | | Phone: | |
| Contact Name: | | Phone: | |
| Employee Name: | Sex: | Male | Female |
| | | No Answer | |
| Employee Start Time: | AM | PM | Length of Scheduled Shift: |
| Trade: | Years of Experience: | | Age: |
| Incident Type: <i>(select one)</i> Near Miss Property Damage Injury Illness Other: | | | |
| Injury Classification: <i>(select any)</i> None First Aid Recordable Restriction Transfer Lost Time | | | |
| Fully Describe Incident: | | Length of time on project: | |
| | | | |
| Event or Exposure: <i>(Check most appropriate box)</i> | | | |
| Struck By | Fall to Same Level | Over-Exertion | Inhalation |
| Caught In/Between | Fall to Lower Level | Electrical | Heat |
| | | | Other |
| | | | N/A |
| Nature of Injury or Illness: <i>(Check most appropriate box)</i> | | | |
| Fracture | Amputation | Puncture | Chemical Burn |
| Sprain/Strain | Cut/Laceration | Bruise/Contusion | Thermal Burn |
| | | | Other |
| | | | N/A |
| Body Part Affected: <i>(Check most appropriate box)</i> | | | |
| Head | Neck | Shoulder | Wrist |
| | | | Leg |
| | | | Ankle |
| Eye | Back | Arm | Hand/Finger |
| | | | Knee |
| | | | Foot |
| | | | Toe/Nail |
| | | | Other |
| Employee Treated: No Onsite Offsite <i>if provided:</i> Treatment Location: | | | |
| Root Cause Analysis: | | | |
| | | Was this employee's regular task? Yes No <i>(If no, explain below)</i> | |
| | | | |
| Corrective Actions: | | | |
| | | | |
| Sign Here | Injured Employee: | Date | Contractor's Safety Manager: |
| | | | Date |
| Sign Here | Employee Supervisor: | Date | Contractor's Project Manager: |
| | | | Date |

Received By: _____

Date: _____

Date of Initial Report: _____