BRIESER CONSTRUCTION CO.
SUPERVISORS INCIDENT/INJURY INVESTIGATION REPORT

EMPLOYEE NAME: _____ **DATE OF HIRE:** _____
PAYROLL #: _____ **TRADE:** _____
CLAIM NUMBER: _____
DATE OF INCIDENT: _____ **DATE NOTIFIED:** _____
TIME OF INCIDENT: _____ **A.M./P.M.**
INCIDENT LOCATION: _____

DESCRIPTION OF INCIDENT:

TYPE OF INCIDENT:
☐ **NEAR MISS** ☐ **FIRST AID** ☐ **INCIDENT ONLY** ☐ **RECORDABLE** ☐ **LOST TIME**
☐ **ENVIRONMENTAL**

TIME LOST: **ESTIMATED** **ACTUAL**

RESTRICTED: **ESTIMATED** **ACTUAL**

WITNESS: PLEASE FILL OUT *WITNESS/INJURED REPORT*

1.	2.	3.
Name	Name	Name
Address	Address	Address
Telephone	Telephone	Telephone

INCIDENT TYPE:
_____ FALL SAME/DIFFERENT LEVEL, STRUCK AGAINST/BY, OVEREXERTION, CAUGHT BETWEEN, INHALATION, VEHICLE, ELECTRICAL, SLIP/TRIP, OTHER.

INCIDENT CAUSE:

NATURE OF INCIDENT:
_____ SPRAIN/STRAIN, CONTUSION, BURN, DISLOCATION, FRACTURE, HEART ATTACK, HEARING LOSS, CUMULATIVE DISORDER, AMPUTATION DERMATITIS, OTHER.

BODY PART EFFECTED:
_____ HEAD, FACE, EYES, EARS, NECK, SHOULDER, ARM, ELBOW, HAND WRIST, FINGER, BACK, CHEST, HIPS, LEGS, KNEE, ANKLE, FOOT, TOES, MULTIPLE BODY PARTS, INTERNAL ORGAN.

UNSAFE CONDITION? EXPLAIN:

UNSAFE ACT? EXPLAIN:

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PREVENTABLE:
_____ YES/NO, ALLEGED, NO EMPLOYEE INVOLVED, WAITING FOR REVIEW

WAS PERSONAL PROTECTIVE EQUIPMENT APPLICABLE:
_____ YES/NO, EXPLAIN: _____

_____

LIGHTING CONDITIONS:
_____ DAWN/DUSK, DAYLIGHT, DARK/NO LIGHT OR ARTIFICIAL, N/A, UNKNOWN

WEATHER CONDITIONS:
_____ CLEAR RAINING, SNOWING, SLEETING, FOG, OTHER, N/A, UNKNOWN

CORRECTIVE ACTION TO BE TAKEN TO PREVENT RECURRENCE:
_____ DOCUMENTED VERBAL INSTRUCTION, RETRAIN, DISCIPLINE, TERMINATION
NONE, OTHER

EMPLOYEE STATEMENT:

_____

_____

_____

SUPERVISOR'S STATEMENT:

_____

_____

_____

FOLLOW-UP ACTION:

_____

_____

_____

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_____
SUPERVISOR'S SIGNATURE AND DATE

BRIESER CONSTRUCTION CO.
PHOTO MOUNTING SHEET

Claim Number: _____
Date of Occurrence: _____

Date Taken: _____
By: _____
Description: _____

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BRIESER CONSTRUCTION CO.
PHOTO MOUNTING SHEET

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BRIESER CONSTRUCTION CO.
WITTNESS/INJURED INCIDENT REPORT

(Date) (Witness/ Signature)

This form must be completed in full and sent to the *Safety* Manager within 24 hours of injury. This report must be signed by the Foreman and Superintendent.

Brieser Construction Company is vitally interested in the health and safety of all employees. We, therefore, request your assistance in completing this report to help us prevent future incidents to yourself or your fellow employees.

Name of Injured Person: _____

Date of INCIDENT: _____ Hour: _____

Witness: _____ Job Title: _____

Department: _____ Supervisor: _____

Describe fully, in your own words, how the INCIDENT happened:

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Recommendations (to avoid a recurrence)

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_____ _____

(Date) (Witness/Injured Signature)

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WITTNESS/INJURED INCIDENT REPORT

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Witness: _____ Job Title: _____

Department: _____ Supervisor: _____

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Recommendations (to avoid a recurrence)

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(Date) (Witness/Injured Signature)