|  |
| --- |
| **Contract Information** |
| **Prime Contractor** : |
| **Cage Code** : |
| **Contract #** : |
| **Contract Oversight Command/Organization** : |
| **Task Order #** : |

|  |
| --- |
| **Contractor Contact Information** : |
| **First Name** : |
| **Last Name**: |
| **Phone #** : |
| **Date Notified**: |

|  |
| --- |
| **Incident Type Description: Select all apply** |
| **o Assault/Violent Act:** |
| **o Explosion, Non‐Ordnance:** |
| **o Hazardous Material (any type):** |
| **o Material Handling Equipment:** |
| **o Combat Zone (Not Direct Enemy Action):** |
| **o Extreme Environmental Exposure:** |
| **o Ordnance‐Related (Explosive):** |
| **o Diving:** |
| **o Fall, slip, trip, or bodily exertion:** |
| **o Man over the side (No water entry):** |
| **o Vehicle (Government or Private):** |
| **o Electrical Shock/Burns:** |
| **o Fires ‐ All Types:** |
| **o Man Overboard ‐ Water Entry:** |
| **Industrial:**  If you did not find the one apply to your case, please select **ONLY “Industrial**” and move on next field.   * Confined Space * Control of Hazardous Energy * Floating Plant and Marine Activities * Underground Construction, Shafts, and Caissons * Demolition/Renovation * Hand and Power Tools * Pressurized Equipment and System * Concrete, Masonry, Steel Erection and Residential Construction * Trenching/Entrapment * Rigging Fall Protection * Tree Maintenance and Removal * Traffic Control Cranes and Hoisting Equipment * Work Platforms and Scaffolding * Airfield and Aircraft Operations * Welding and Cutting |

|  |
| --- |
| **General Information**: |
| **Date of Incident**: |
| **Time of Incident**: |
| **Incident Description: (Who, what, when, where and how)**  NOTE: Do NOT include personal identifiers, such as name.) : |
|  |
| **Exact Location of Incident**: |
| **Was Hazardous Material Involved?**  Yes  No |
| **Activity at Time of Incident**: |
| **Personal Protective Equipment Used or Available**: |
| **Who Provided Cleanup? (if applicable**): |
| **Fully Explain What Allowed or Caused the Incident:** |
| **Direct Cause**: |
| **Indirect Cause**: |
| **Actions Taken (Please Include a Begin Date and Est. End Date in Description**): |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contributing Factors:** | | | |
| **Was Visibility Restricted?** | **Yes** | **No** |  |
| **Lighting Conditions at Site of Mishap:** | **Yes** | **No** |  |
| **Was Noise Level a Factor?** | **Yes** | **No** | **Unknown** |
| **Was Carbon Monoxide (CO) a factor?** | **Yes** | **No** |  |
| **Other Factors:** | | | |
| **Attached Documents:** | **Yes** | **No** |  |