Contractor Incident Report System (CIRS)

Report Type (REQUIRED)			(= = = =)		
Injured	Property Inju	red & Prop	perty Near Miss		
1. Contract Information			Incident Information		
Prime Contractor:		Cage Co	de:		
Contract Number:		Occurred	d On Base:		
			Yes No		
Task Order #:					
Contractor Contact Informa					
Last Name	First Name		Phone #:		
Email Address:			Date Notified: Ex: MM/DD/YYYY		
2. Incident Type (REQUIRED)			(Please Check All That Apply)		
Assault/Violent Act	Extreme Environmental E	Exposure	Man over the side (No water entry)		
Diving	Falls, slip, trip, or bodily	exertion	Man Overboard - Water Entry		
Electrical Shock/Burns	Fires - All Types		Material Handling Equipment		
Equipment Installation/Repair	Hazardous Material (any	type)	Ordnance-Related (Explosive)		
Explosion, Non-Ordnance	Industrial (Select Addition	al Below)	Vehicle (Government or Private)		
Industrial Incident Addition	al Information		(Please Check All That Apply)		
Confined Space	Hand and Power Tools		Work Platforms and Scaffolding		
Demolition/Renovation	Rigging		Underground Construction, Shafts, and Caissons		
Trenching/Entrapment	Cranes and Hoisting Equipm	ent	Concrete, Masonry, Steel Erection and Residential Construction		
Traffic Control	Floating Plant and Marine Ac	tivities	Tree Maintenance and Removal		
Welding and Cutting	Pressurized Equipment and S	System	Airfield and Aircraft Operations		
Control of Hazardous Energy	Fall Protection				

3. General information			incident information
Date of Incident:		Time of Incident:	•
Ex: MM/DD/YYYY			•
Describe the incident in detail in your wor	rds:		
Exact Location of Incident:			
Was Hazardous Material(s) Involved:	Yes No		
If Yes, Explain What Hazardous Materials V	Vere Involved and '	Why:	
Activity at Time of Incident:			
Atomyticy at Time of moraonic			
Personal Protective Equipment:			
r ersonar i rotective Equipment.			
Aveilable and wood	Available and "	antional Nat Danii	and a
Available and used	Available and r	not used Not Requi	rea
	W. DDE (List DDE	
Not related to Mishap	Wrong PPE for	r job List PPE	
List DDE Hoods (servined only if List DDE ob	\		
List PPE Used: (required only if List PPE ch	пескеа)		
Who Provided Cleanup? Onsite	Base	Public	
THIS I ISVIGED SIEDILE	Dast	i ubiic	

4. Fully Explain What Allowed	or Caused the Incident	Incident Information			
Direct Cause:					
Indirect Cause:					
Additional Action Taken: (Please Inclu	de a Begin Date and Est. End Da	te in Description)			
5. Contributing Factors					
Was Visibility Restricted? Yes	No Dista	nce Visibility was restricted:			
Unit of Measure: Feet Yards Meters Miles Nautical Miles					
Visibility Restricted By:					
Fog Smoke	Rain Sle	et Snow			
Mist Dust	Sandstorm Unk	known Object Other:			
Lighting Conditions at Incident Site:	Was Noise Level a Factor:	Was Carbon Monoxide (CO) a Factor:			
Lighting Conditions at incident Site.	Was Noise Level a Factor.	was Carbon Monoxide (CO) a Factor.			
Adequate Inadequate	Yes No	Yes No			
H. Iv	Unknown	If Yes, CO Alarm Manufacturer:			
Unknown	CHRIOWI				
Other Contributing Factors:					

1. Injured Dat	ta						Person (if applicable)
Age:	Gender:			Subconf	ractor Compan	y Name:	
	Male	Female					
2. General Inf							
Drug or Alcoho	i involved:						
None	Unkno	wn	Alco	hol	Drugs		Alcohol and Drugs
Who Provided	First Aid?	Onsite	Ва	ise	Public		
Was Ergonomic	cs a Factor:	Yes	No				
Type of Ergono	mic Injury:						
Lifting	Equipm	nent Placen	nent Office		Repetitive Mot	ion I	Positioning
Bending	Equipn	nent Placer	ment Indust	rial	Impact Strain		
3. Injury Illnes	s/Fatality I	nformati	on				
Severity of Injury	//IIIness:						
Fatality			Lost Work	kday Case	Involving Days A	Away From W	ork
Permanen	t Total Disabili	ity	Light/Lim	ited Duty	or Restricted Wo	ork (No Lost V	Vork Days)
Permanen	t Partial Disab	oility	Other Re	portable &	Medical Treatme	ent/No Lost T	ime
First Aid T	reatment Only	//First Aid 0	Case				
Were There Day	s Lost:	w	ere There D	ays Hosp	italized:	Were There	Days Restricted Duty:
Yes N	lo		Yes	No		Yes	No
Part of Body Affected:							
Nature of Injury	or Illness:						
Event or Exposu	re:						
Source of Injury or Illness:							
Injury Activity Co	ode:						

4. License Person (if applicable)							
Are Appropriate Lic	ense and Certification/M	edical Cu	urrent:	Yes	No		
If yes, explain:							
, ,							
5. Training							
	t-required training provid	led to the	employee:	Yes	No		
If yes, explain:							
ii yoo, oxpiaiii.							
1. Involved Pers	son Data			(if	applicable)	Property Dan	nage
Age:	Gender:		Subcontracto	•			
	Male Female						
3. Property Dam	l aged						
Was Anyone Injure		Was A C	Sovernment M	lotor Ve	hicle Involve	d: Yes N	0
							Lost
Property Type	Property ID #	Detail	ed Descriptior	ו (Owned By	Est. Cost USD	Use
							Days
		1					

4. License	(if applical	ble) Property Dar	nage
Are Appropriate License and Certification/Medical Current:		No	
If yes, explain:			
5. Training			
Was all the contract-required training provided to the employee?	Yes	No	
If yes, explain:			