

INCIDENT & INJURY NOTIFICATION & INVESTIGATION REPORT

Complete and submit this form to NYCOM, Inc. within 24 hours of the incident.

TYPE OF INCIDENT (Check all that apply)

Injury
 Illness
 Near Miss
 Property Damage
 Auto Accident
 Fatality
 Environmental

GENERAL INFORMATION

Incident Date: _____ Day of Week: _____ Time _____
 Project Name: _____ Project Number: _____
 Project Address: _____
 Date & time the incident was first reported to you: _____

INVOLVED EMPLOYEE INFORMATION

Full Name of Employee: _____ Employee Number: _____
 Date of Birth/Age: _____ How Long Employed: _____ Job Title: _____
 Home Address: _____ Home Phone: _____
 Hours Worked Per Day: _____ Days Worked Per Week: _____ Was injured paid for entire day of injury: _____

INCIDENT INFORMATION

Where did the incident occur? (Be specific): _____

 What was the employee doing at the time of incident? (Be specific): _____

 What happened? Describe how the incident occurred (Provide photos or drawings if necessary): _____

INJURY SEVERITY & TREATMENT REQUIRED

What are the nature and location of the injuries? (Be specific): _____

 Job Site First Aid Only – Describe first aid procedure & who it was provided by: _____

 Medical Treatment Required – Name, Address & Phone Number of Medical Facility: _____

 Hospitalization Required – Name, Address & Phone Number of Hospital: _____

 Fatality – Date & Time of Death _____
 Name, Phone Number, & Relationship of family member contacted: _____

INCIDENT INVESTIGATION & PREVENTIVE MEASURES

Yes	No
<input type="checkbox"/>	<input type="checkbox"/> Was personal protective equipment required? (Describe)_____
<input type="checkbox"/>	<input type="checkbox"/> Was personal protective equipment used? (Describe)_____
<input type="checkbox"/>	<input type="checkbox"/> Were any safe guards removed or damaged? (Describe)_____
<input type="checkbox"/>	<input type="checkbox"/> Were there any other deficiencies in the work area? (Describe)_____
<input type="checkbox"/>	<input type="checkbox"/> Had the involved employee(s) received required task and/or equipment training? (Describe)_____
<input type="checkbox"/>	<input type="checkbox"/> Was the worker competent for the task? (Describe)_____
<input type="checkbox"/>	<input type="checkbox"/> Were there witnesses? Who? (Obtain and attach witness statements)_____
<input type="checkbox"/>	<input type="checkbox"/> Was any property or equipment damaged? (Describe Property Damage)_____
<input type="checkbox"/>	<input type="checkbox"/> Did the employee contribute to the incident through unsafe actions or carelessness? (Describe)_____
<input type="checkbox"/>	<input type="checkbox"/> Were there any third parties that contributed to the cause of the incident? Who? (List names of persons or companies that contributed to the cause of the incident.)_____
Describe how the third parties contributed to the cause of the incident._____	
Describe the unsafe condition or act that directly caused the incident:_____	
Describe the underlying/root cause of the incident:_____	
Action taken to correct cause of incident:_____	
Additional safety procedure or requirement recommendations:_____	

SIGNATURES

Supervisor Signature:_____	Date:_____
Management Signature:_____	Date:_____
Client Review (optional):_____	Date:_____