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

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

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| **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
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| **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**):   |

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| **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** |  |