

ONSITE INJURY REPORT

Confidential · Complete Within 24 Hours of Incident

REPORT INFORMATION

REPORT DATE

REPORT COMPLETED BY

TITLE / POSITION

REPORT #

INJURED PERSON INFORMATION

FULL NAME

DATE OF BIRTH

PHONE NUMBER

HOME ADDRESS

POSITION / TRADE

EMPLOYER

EMPLOYEE STATUS

HIRE DATE

YEARS OF EXPERIENCE IN TRADE

SUPERVISOR NAME

EMERGENCY CONTACT NAME

EMERGENCY CONTACT PHONE

INCIDENT DETAILS

DATE OF INCIDENT

TIME OF INCIDENT

DATE/TIME REPORTED TO SUPERVISOR

PROJECT / JOBSITE

PROJECT NUMBER

SPECIFIC LOCATION ON SITE

WEATHER CONDITIONS

LIGHTING CONDITIONS

TASK BEING PERFORMED

TOOL / EQUIPMENT IN USE

INCHOW

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WHAT WAS THE IMMEDIATE CAUSE?

INJURY DETAILS

BODY PART(S) AFFECTED (CHECK ALL THAT APPLY)

- Head / Skull
- Face
- Eye(s)
- Ear(s)
- Neck
- Shoulder
- Upper Arm
- Elbow
- Forearm
- Wrist
- Hand
- Finger(s) / Thumb
- Chest
- Abdomen
- Back — Upper
- Back — Lower
- Hip / Pelvis
- Groin
- Thigh
- Knee
- Lower Leg
- Ankle
- Foot / Toe(s)
- Multiple / Whole Body

SIDE OF BODY

INJSIDE

▼

NATURE OF INJURY (CHECK ALL THAT APPLY)

- Abrasion / Scrape
- Laceration / Cut
- Puncture
- Bruise / Contusion

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- Sprain
- Strain
- Fracture / Break
- Dislocation
- Burn — Thermal
- Burn — Chemical
- Burn — Electrical
- Concussion / Head Injury
- Foreign Body in Eye
- Crush Injury
- Amputation
- Inhalation / Respiratory
- Heat Illness
- Hypothermia / Cold
- Electric Shock
- Bite / Sting
- Allergic Reaction
- Other (describe below)

DETAILED DESCRIPTION OF INJURY

SEVERITY CLASSIFICATION

CAUSE ANALYSIS & CONTRIBUTING FACTORS

TYPE OF INCIDENT

- Fall — Same Level
- Fall — From Height
- Struck By Object
- Struck Against Object
- Caught In / Between
- Overexertion / Lifting
- Repetitive Motion
- Contact with Electricity
- Contact with Heat / Cold
- Contact with Chemicals
- Vehicle / Equipment Incident
- Tool Failure
- Other

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CONTRIBUTING FACTORS (CHECK ALL THAT APPLY)

- Inadequate PPE
- PPE Not Worn
- Defective Equipment / Tool
- Improper Use of Equipment
- Inadequate Training
- Failure to Follow Procedure
- Unsafe Work Area
- Inadequate Housekeeping
- Time Pressure / Rushing
- Fatigue
- Weather / Environmental
- Communication Failure
- Improper Lifting Technique
- Distraction / Inattention

WAS PPE WORN AT TIME OF INCIDENT?

IF PPE MISSING, WHICH ITEMS?

WAS WORKER TRAINED FOR THIS TASK?

JHA / PRE-TASK PLAN COMPLETED?

ROOT CAUSE ANALYSIS

IMMEDIATE RESPONSE & MEDICAL TREATMENT

FIRST AID PROVIDED ON SITE?

FIRST AID ADMINISTERED BY

911 CALLED?

TIME OF 911 CALL (IF CALLED)

EMS / PARAMEDICS ON SCENE?

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TRANSPORT METHOD TO MEDICAL FACILITY

MEDICAL FACILITY / HOSPITAL NAME

MEDICAL FACILITY ADDRESS

TREATING PHYSICIAN (IF KNOWN)

TREATMENT PROVIDED

WAS WORKER HOSPITALIZED?

ESTIMATED DAYS AWAY FROM WORK

IMMEDIATE RESPONSE ACTIONS TAKEN

MEDICAL ATTENTION WAIVER (IF APPLICABLE)

waiveToggle

THE INJURED WORKER WISHES TO DECLINE MEDICAL ATTENTION AT THIS TIME

WAIVER OF MEDICAL ATTENTION

REASON FOR DECLINING TREATMENT

DATE OF WAIVER

TIME OF WAIVER

WORKER'S STATED PAIN LEVEL (0-10)

INJURED WORKER SIGNATURE (DECLINING TREATMENT)

SIGNATURE

Type name to sign — or open in Adobe Fill & Sign and tap to draw signature

PRINT NAME

WITNESS NAME

WITNESS SIGNATURE

SIGNATURE

Type name to sign — or open in Adobe Fill & Sign and tap to draw signature

CORRECTIVE ACTIONS & PREVENTION

IMMEDIATE CORRECTIVE ACTIONS TAKEN

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LONG-TERM CORRECTIVE ACTIONS PLANNED

ACTION OWNER (RESPONSIBLE PERSON)

TARGET COMPLETION DATE

JHA / SOP UPDATED AS A RESULT?

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TRAINING REFRESHER REQUIRED?

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SIGNATURES & AUTHORIZATION

INJURED WORKER SIGNATURE

SIGNATURE

Type name to sign — or open in Adobe Fill & Sign and tap to draw signature

PRINT NAME

DATE

COMMENTS FROM INJURED WORKER (OPTIONAL)

DIRECT SUPERVISOR SIGNATURE

SIGNATURE

Type name to sign — or open in Adobe Fill & Sign and tap to draw signature

PRINT NAME

DATE

SITE SUPERINTENDENT SIGNATURE

SIGNATURE

Type name to sign — or open in Adobe Fill & Sign and tap to draw signature

PRINT NAME

DATE

SAFETY OFFICER / MANAGER SIGNATURE

SIGNATURE

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PRINT NAME

DATE