



BUREAU OF CONTRACT ADMINISTRATION BCA FORM 5020 – SUPPLEMENTAL FORM

Original to Timekeeper Copy to BCA Safety Officer

Date: _____ Day of Week: _____ Time Reported _____

I. Employee Report about Injury/Illness – Initial Report

Location _____ Job: _____

Employee Statement: _____

Extent of Injuries/Illness: _____

Employee Name: _____ Signature: _____

Use the back of this page to add additional information

II. Management/Supervisor – Investigation Report

Name of person investigating: _____ Title: _____

Did the accident/injury occur during work? **YES NO** Was condition unsafe or a hazard? **YES NO**

Site Investigation: _____

Proposed action to be taken: _____

Supervisor – Division Chief Signature Required

Supervisor: _____ Date: _____
Print Name Signature

Division Chief: _____ Date: _____
Print Name Signature

FIG 5-1 Completed copies of this form should be routed to the appropriate supervisor and department Safety Committee, and must be maintained in department files for at least one year.

Employee Name:

I. Employee Report about Injury/Illness – Initial Report

Employee Statement cont'd: _____

II. Management/Supervisor – Investigation Report

Site Investigation cont'd: _____

Proposed action to be taken cont'd: _____

Add additional sheets if necessary:

Supervisor: _____ *Print Name* _____ *Signature* _____ Date: _____

Division Chief: _____ *Print Name* _____ *Signature* _____ Date: _____