

PROJECT ACCIDENT REPORT

JOB TITLE:	<u>JOB/WO #</u>
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Use this form to report job related accidents involving either the public or contractor's personnel including vehicular and equipment accidents and property damage. Report any property damage estimated to be in excess of \$500 and injuries where lost time in excess of one day is anticipated.

ACCIDENT DESCRIPTION:

(Check appropriate boxes)

- | | | |
|---|---|---|
| <input type="checkbox"/> Injury | <input type="checkbox"/> Public Involved | <input type="checkbox"/> Vehicle |
| <input type="checkbox"/> Ambulance Required | <input type="checkbox"/> Contractor Personnel | <input type="checkbox"/> Contractor's Equipment |
| <input type="checkbox"/> Police Investigation | <input type="checkbox"/> Property Damage | <input type="checkbox"/> Other _____ |

Date, Time, Location, and Nature of Accident: (List names of injured, witnesses, their affiliation and property damaged).
NOTE: If inspector did not personally witness the accident, also list the name(s) and affiliations) of those who provided the information for this report.

Attach Police Report/Contractor Report, if available)

JOB SAFETY CONDITIONS:

Describe associated existing job conditions at the time of accident. (Barricades, lights, warning signs, trench shoring, etc.)

Inspector Witnessed Accident: Yes No

Inspector's Name Printed: _____ Date: _____

Inspector's Signature: _____

Reviewed by: (District Supervisor) Yes No

Print: _____ Sign: _____ Date: _____

ATTACH ALL PICTURES TO THE BACK OF THIS FORM

