ADAMIK ELECTRIC

Job # / Name:_____

Initial Indication:

Rx/Treatment First Aid

Near Incident Follow-up

INCIDENT INVESTIGATION REPORT

Employee Name: _____ Superintendent: _____

Position: _____ Project Manager: _____

Address: _____

Job Phone Number: _____ Employee #: _____ Date & Time of Incident: _____

Phone #: _____ Weather Conditions: _____

Sex: Male / Female Was Incident on Jobsite? Yes / No Primary Language (if other than English): _____

Time employee began work? _____am _____pm Job in what County: _____

Investigation conducted by: _____Cell Phone #: _____

Private Property Owner / Describe Location: _____

	Person Notified	Date / Time
General Contractor	_____	_____
Police	_____	_____
Fire Department	_____	_____
Ambulance	_____	_____
Cal/Osha or OSHA (if necessary)	_____	_____
Adamik Electric Office (702) 750 -1811		_____
Family	_____	_____

Injured employee was taken to: _____ By Whom: _____

Was drug test performed? Yes / No

If no drug test was performed, explain why:

_____

_____

(Refer to the most recent Adamik Electric Drug Policy for specific requirements)

Worker Compensation Form Completed? Yes / No Date: _____

Did OSHA Investigate? Yes / No Name of Inspector: _____

Attach any written reports / citations? Yes / No Date of Inspection: _____

Submitted to Carrier: Yes / No	Claim Number:	Adjuster:
(Circle one) This event is: Recordable Lost Time 1st Aid	Notes:	

Type of equipment (if any) involved: _____

Model #_____ Serial # _____

Adamik Electric vehicle#, equipment #, tool # _____

Owner of equipment, if not Adamik Electric: _____

Perform safety check vehicle, equipment, or tool and describe result, by whom

_____

_____

_____

_____

_____

_____

_____

Number of pictures taken: _____ Pictures taken by: _____

Type of camera: _____ Person in possession of pictures: _____

Is the statement from the injured party attached? Yes / No If not, explain why.

_____

_____

_____

Other contractors/subcontractors involved

_____

_____

_____

Witness (attach statements)

Name: _____ Occupation: _____

Address: _____

Employed by: _____ Phone: _____

Comments:

_____

_____

_____

_____

Name: _____ Occupation: _____

Address: _____

Employed by: _____ Phone: _____

Comments:

_____

_____

_____

_____

Describe Incident (attach separate sheet if necessary)

_____

_____

_____

_____

_____

_____

_____

_____

Nature and extent of injury:

_____

_____

_____

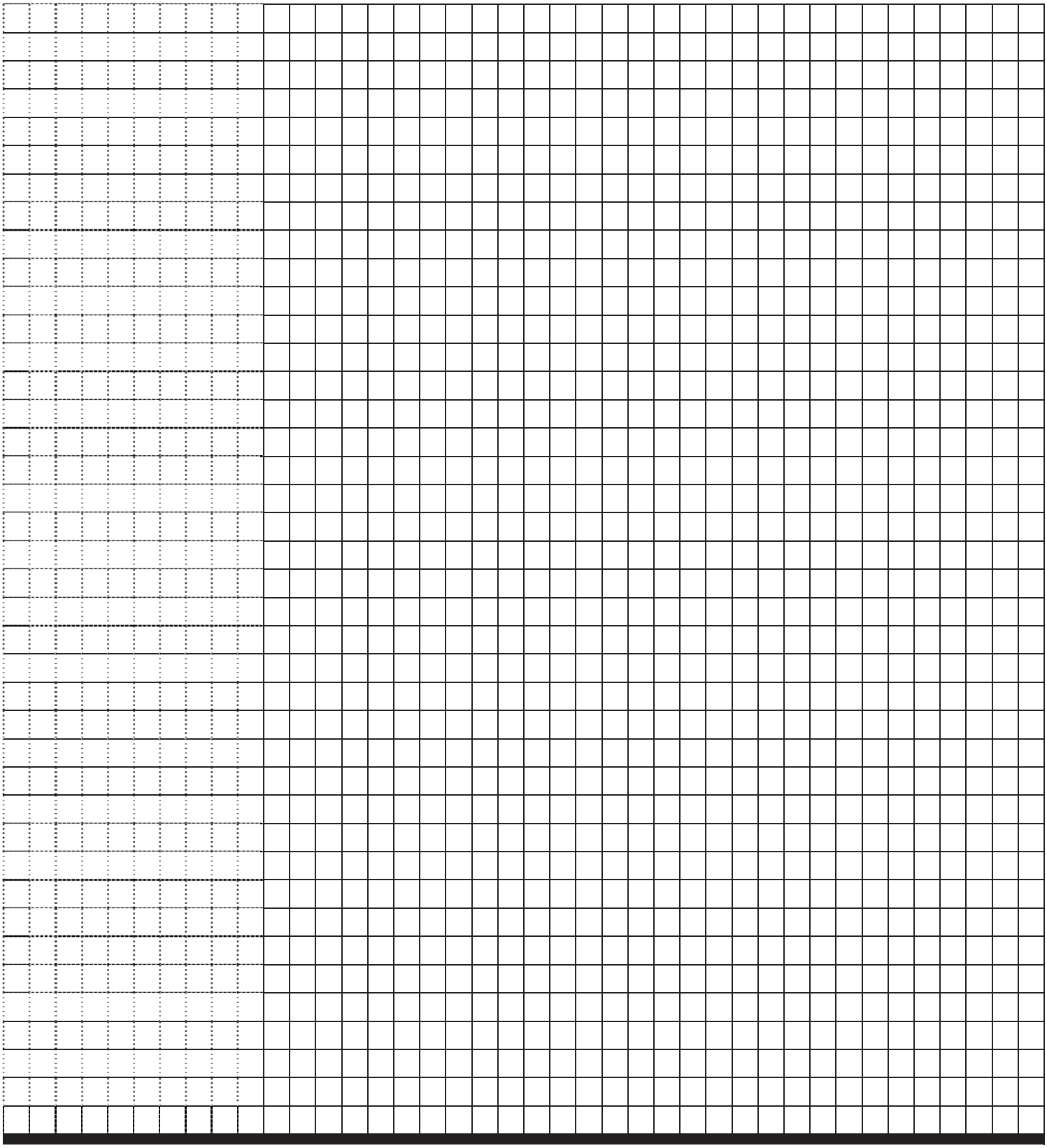
Has employee returned to work? Yes / No If no, when do you anticipate employee's return? _____

(Attach doctor's report if necessary.)

Do you have employee training documentation for associated activity? Yes / No If yes, attach copy.

Corrective action taken? ____ None ____ Verbal ____ Written

Reason / Explanation:



DIAGRAM/MEASUREMENTS

Post Incident Review

Root Cause Analysis

What actions led directly to the event?

_____

_____

_____

_____

_____

Final Cause Factor (***What lead to the action?):*** _____

Why? _____

Why? _____

Why? _____

Why? _____

Based on the above, what could have prevented this event?

_____

_____

_____

Recommendations to prevent recurrence:

_____

_____

_____

Investigation Lead: _____ **EMP #** _____

Superintendent: _____ **EMP#** _____

Injured Employee: _____ **EMP#** _____

Incident review team: _____ EMP #_____

Incident review team: _____ EMP #_____

Incident review team: _____ EMP #_____

Date Form Completed: _____

Statement of Injured/Involved Party

Employee Name: _____ Job Number: _____

Position: _____ Job Name: _____

Address: _____

Date of Incident: _____ Employee #: _____ Time of Incident: _____

Phone #: _____ Weather Conditions: _____

Sex: Female / Male Was incident on jobsite? Yes / No

Statement of Incident:

_____

_____

_____

_____

_____

_____

_____

_____

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_____

_____

_____

_____

Signed by Injured Party: _____ Date: _____

Witness Statement

Name: _____ Job Number: _____

Position: _____ Job Name: _____

Address: _____

Date of Incident: _____ Employee # (if PSR employee): _____ Time of Incident: _____

Phone #: _____ Weather Conditions: _____

Sex: Male / Female Was incident on jobsite: Yes / No

Statement:

_____

_____

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_____

Signed by Witness: _____ Date: _____

Notes:

SUBMIT