



Near Hit/Property Damage Incident Report

Employee Name: _____ Superintendent: _____

Position: _____ Project Manager: _____

Job Number: _____ Date and Time of Incident: _____

Weather Conditions: _____ Was Incident on jobsite? Yes / No

Investigation conducted by: _____

Was a drug test performed? Yes / No If yes, please explain why.

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

Type of equipment (if any) involved: _____ Model #: _____ Serial #: _____

Adamik Electric Vehicle #, equipment #, tool # _____

Owner of equipment, if not Adamik Electric: _____

Number of pictures taken: _____ Pictures taken by: _____ Digital camera? Yes / No

Statement from involved party is attached, if not, explain why:

Other contractors/subcontractors involved:

Describe Incident *(attach separate sheet if necessary)*:

Report Distribution: Project Manager Operation Mgr. Corporate Safety

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

Corrective action taken? None Verbal Written

Reason/Explanation:



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?

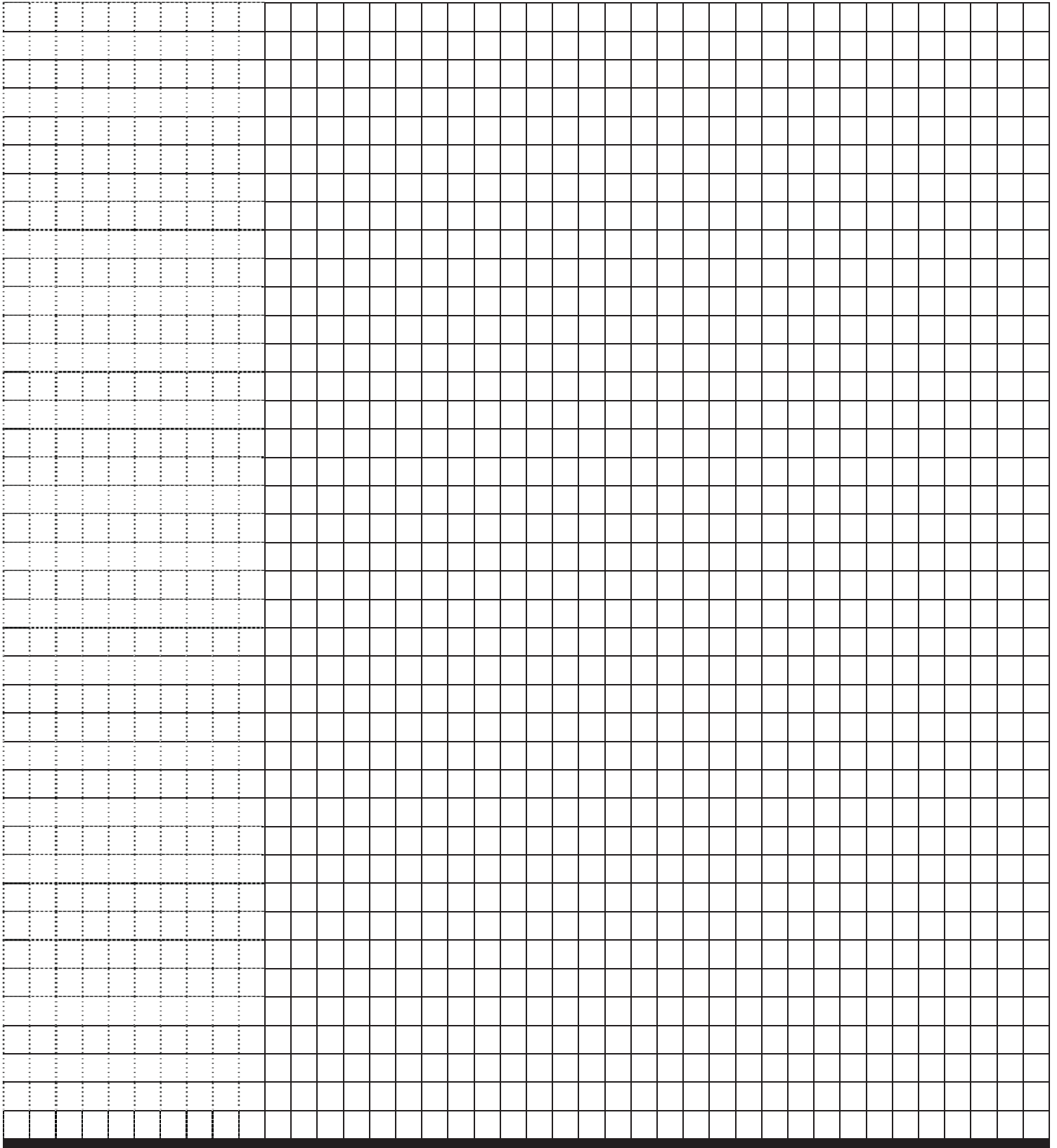
Recommendations to prevent recurrence:

Investigation Lead: _____ EMP # _____

Superintendent: _____ EMP# _____

Incident review team: _____ EMP # _____

Date Form Completed: _____



(Optional) Diagram/Measurements