Incident Investigation Report

CENTENNIAL
Part of the Bilfinger Group

1. Contract Name and Number:	2. Project Name and Number:	3. Employer/Company:	
4. Incident Classification:			
5. Date of Incident:	6. Date Reported:	7. Time of Incident:	8. Who Was Notified?
9. Specific Location of Incident:			10. First Report of Injury Completed:
11. Name of Individual:	12. Regular Occupation:		13. Occupation at Time of Incident:
14. Individual's Start Time:	15. Individual's Telephone Number: Home: Work:		16. Duration of Employment:
17. Individual's Supervisor: Supervisor Phone Number:		18. Supervision Status at Time of Incident:	
19. Was Individual trained to perform task at time of Incident:		20. Experience: Number of Years:	
21. Phase of Workday at Time of Incident:			
22. Individual was working with:			
23. Did Individual return to work:	24. Transport to Medical Facility:		
25. Type of Incident:	26. Type of Injury:	27. Part of Body Injured:	
28. Describe how the incident occurred (attach a sketch):			
29. Specify machinery, tools, substance or object connected to incident:			
30. Was Individual using the required PPE:	31. Trained for Use:	32. Has the Individual taken a Drug Test: Date Scheduled:	
33. Describe corrective plan to prevent reoccurrence or to resolve a quality issue (machine modification, mechanical guarding, environment, training):			
34. Report Date:	35. Investigated by:		
36. Additional comments on incident (This section to be completed by PSO or SSR):			
37. For Quality Incidents, what type of incident occurred (specification or code nonconformity, product failure, etc.) and who first reported the issue?			
38. PSO Signature:	39. Date:	40. CSM Signature:	41. Date: