



## ACCIDENT AND ADVERSE EVENT REPORT

Project Name:	Project Number:
Employer of Injured:	Direct Supervisor:
Project Leader:	EQ Contact for Project:
Accident Date:	Accident Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Incident Type: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Exposure <input type="checkbox"/> Near Miss <input type="checkbox"/> Spill <input type="checkbox"/> Adverse Event/Property Damage	
<input type="checkbox"/> Other: (Specify)	

### INJURED PERSON INFORMATION (Please attach additional pages if necessary)

Last Name:	First Name:	MI:
Exact Location of Accident:		
Injured Part of Body:		
Nature of Injury:		
What Job Was Being Done At The Time of the Incident?		
How Often Does Injured Employee Normally Perform Job? What Is Their Level Of Experience For The Type Of Work Being Completed?		
When Was The Last Time Injured Employee Performed Job?		

### GENERAL INCIDENT INFORMATION

How Did the Incident Happen?	
What Was The Primary Unsafe Act Or Primary Unsafe Condition That Contributed To The Incident? (Examples: Using improper equipment, improper position of task, mechanical or material failure, inadequate guards or barriers)	
What Material Caused The Incident? (Use of wrong tool, malfunctioning equipment, using defective equipment)	
Were There Any Job Factors That Contributed To The Incident? (Inadequate design or layout, improper handling of materials, inadequate risk assessment)	
Were There Any Personal Factors That Contributed To The Incident? (Improper attempt to save time, impaired judgment or understanding of the job)	
Were There Any Environmental Conditions That Contributed To The Incident? (Slippery pavement due to weather, improper lighting, condition of area)	
Are There Any Underlying Reasons For The Conditions Or Actions Listed Above? (Required training was rescheduled, busy schedules, problem with supplies or tools)	

### INFORMATION RELATING TO THE INCIDENT OR ADVERSE EVENT

Are There Written Safety Instructions Concerning This Job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were These Rules / Regulations Being Followed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was The Injured Employee Instructed In These Rules / Regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did This Accident Result In Lost Workdays?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>ADVERSE EVENT SECTION ONLY</b>		
What Was Damaged?		
What Is The Cost of Repair?		
Did The Event Result In A Regulatory Notification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What Agency Was Notified?		
Who Did The Notification?		
Date And Time Of Notification		
Was A Notice Of Violation Issued Or Penalties Issued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did The Event Result In A Site Visit By A Regulatory Agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>CORRECTIVE ACTION PLANNED / TAKEN</b>		
<b>CONTRACT MANAGER</b>		
Corrective Action Applied To Injured And/Or Other Person And/Or Condition?		
Any Other Corrective Action?		
Who Is Responsible For Action Items?		
Contract Manager Signature?		
<b>EQ PROJECT MANAGER</b>		
What Actions Have YOU Taken And/Or Do You Plan To Take To Prevent Occurrences Of This Or Any Similar Accident?		
What Further Recommendations Do You Take?		
Who Is Responsible For Action Items?		
EQ Project Manager Signature		