

INCIDENT REPORT: GENERAL

TYPE OR PRINT ALL INFORMATION

1. Job Information (Complete all fields)

| | | |
|---|-----------|----------------|
| Job #: | Job Name: | Customer Name: |
| Supervisor: | | Phone #: |
| Incident Street Address: | | |
| City, State, Zip: | | |
| Incident Involves: <input type="checkbox"/> BSP Employee <input type="checkbox"/> Owner Representative <input type="checkbox"/> Visitor (please specify): <input type="checkbox"/> Subcontractor's Employee (Subcontractor Company Name: _____) | | |

2. General Incident / Damage (Damage to 3rd-party property)

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|--|---|---------------------------------|
| Date Incident occurred: | Time of Incident / Damage: <input type="checkbox"/> AM <input type="checkbox"/> PM | Date Reported: |
| Street Address where Incident occurred: | | |
| City, State, Zip: | | |
| Description of Damage(s): | | Estimated Cost of Damage(s): \$ |
| Have we previously completed work at this location: <input type="checkbox"/> *Yes <input type="checkbox"/> No *If yes, complete the next 2 boxes. | | |
| Name of Project Manager/Supervisor Responsible for Previous Work: | Previous work type: <input type="checkbox"/> New Construction <input type="checkbox"/> Remodel <input type="checkbox"/> Service <input type="checkbox"/> Other | |
| *Witness 1 Name: Phone #: Phone #: | *Witness 2 Name: Phone #: | |
| <i>*Submit Incident Witness Form with this report. Each witness of this incident should complete an Incident Witness Form.</i> | | |

3. Incident Details / Description (If additional space is needed, use a separate sheet of paper.)

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| <p>What work was being done (if any) at time of incident?</p> <p>What happened to cause incident / damage?</p> |
| <p>All incidents must verbally be reported immediately to the Safety Department following the occurrence. This written incident report must be SIGNED and sent to the Safety Department within 24 hours after occurrence. If you have any questions, contact the Safety Department at _____.</p> |

**** I agree that the information contained in this report is true and accurate to the best of my knowledge. I understand that the assertion of a false claim is a violation of applicable state criminal code and may result in a fine and imprisonment and that dishonesty is cause for disciplinary action and/or termination of employment. ****

SUPERVISOR'S SIGNATURE: _____ DATE: _____