

Figure 4.1
PARSONS

Incident/Accident Report Form

Attach all supplemental documentation, including photos, diagrams, witness statements, and field reports

Project Information	Project Title			Location		
	Subcontractor					
	Address					
	City, State, Zip					
	Contact Name			Phone Number		
Incident Type	<input type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> Emergency Response Notified (Police, Fire, Medic, etc.) <input type="checkbox"/> First-Aid Only <input type="checkbox"/> Recordable Injury		<input type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> Bodily Injury/Illness <input type="checkbox"/> Real Property Damage <input type="checkbox"/> Personal Property Damage <input type="checkbox"/> Utility Property Damage		<input type="checkbox"/> BUILDER'S RISK <input type="checkbox"/> Equipment <input type="checkbox"/> Supplies <input type="checkbox"/> Machinery <input type="checkbox"/> Work	
	Date of Loss				Time of Loss	
Incident Location	Place (exact location)					
Incident Description	Detailed Description of Incident					

Incident/Accident Report Form (Contd)

Workers Comp or Personal Injury (circle one)	Injured Name			
	Address			
	City, State, Zip			
	Home Phone		Date of Birth	
	Nature of Injury			
	Medical Facility		Work Status	
	Treatment Received			
Property Damage or Builder's Risk (circle one)	Owner's Name			
	Address			
	City, State, Zip			
	Home Phone		Work Phone	
	Damage Type		Estimated Cost	
	Utility Type		Marked or Unmarked	
	Description of Damage			
Witness Information	Name			
	Address			
	City, State, Zip			
	Home Phone		Work Phone	
	Where to contact		Time to contact	
Contractor Subcontractor Action	Describe actions taken			

Signature _____
 Print Name _____
 Phone No. _____

Employer _____
 Date _____
 Fax Number _____