

Crane Operator Certification Program Incident Report



Complete this form with as much detail as possible. ALL fields are required.

Operator Name: _____

SS# / NCCER Card #: _____

Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Employer Name: _____

Employer Phone: _____

Date of Accident: _____

Location of Accident/Incident: _____

Crane Manufacturer: _____

Crane Model: _____

Please provide a description of the accident/incident. Your description must include information regarding any property damage or injuries you or others sustained.

Estimate of any property damage \$ _____

Was OSHA contacted? Yes No

Fax to 386.518.6255, Attn: Crane Operator Certification Program
(or)
Email to CraneCertification@nccer.org