The University of Michigan

Contractor Incident Report

JOB #:		PROJECT NAME:	
INCIDENT DATE:		INCIDENT TIME:	

INCIDENT CLASSIFICATION

INCIDENT (CHECK THE APPROPRIATE BOX)

☐ INJURY/ILLNESS ☐ NEAR MISS ☐ PROPERTY DAMAGE ☐ FIRE

INJURY CLASSIFICATION

(CHECK ALL THAT APPLY)

☐ FIRST AID ☐ OSHA RECORDABLE ☐ RESTRICTED/TRANSFERRED ☐ LOST TIME

COMMENTS/CLARIFICATION:

EMPLOYEE TREATED: ☐ ONSITE ☐ OFFSITE *(IF OFFSITE, PROVIDE)*: TREATMENT LOCATION: PHYSICIAN:

EMPLOYEE INVOLVED

NAME: SEX: ☐ MALE ☐ FEMALE

JOB BEING PERFORMED AT TIME OF INCIDENT: ☐ REGULAR ☐ OTHER *(IF OTHER, DESCRIBE)*

HOUR WORK BEGAN: ☐ AM ☐ PM CRAFT:

LENGTH OF EXPERIENCE: YEARS: MONTHS: EMPLOYEE START DATE ON THIS JOB:

IS THIS THE EMPLOYEE'S FIRST UM PROJECT? ☐ YES ☐ NO *(IF NO, HOW MANY PROJECTS?)*

CONTRACTOR INVOLVED

COMPANY:	CONTACT NUMBER:
SUPERVISOR:	CONTACT NUMBER:
IS THIS THE FIRST UM PROJECT? ☐ YES ☐ NO	INCIDENT LOCATION (*SPECIFIC*):

INJURY/ILLNESS INFORMATION

INCIDENT TYPE *(CHECK ONLY ONE)*

☐ 01 - STRUCK BY	☐ 05 - SAME LEVEL FALL	☐ 09 - INHALATION
☐ 02 - STRUCK AGAINST	☐ 06 - FALL TO BELOW	☐ 10 - HEAT
☐ 03 - CAUGHT IN/ON	☐ 07 - OVER EXERTION	☐ 11 - OTHER
☐ 04 - CAUGHT BETWEEN	☐ 08 - ELECTRICAL	☐ 12 - NA

INJURY/ILLNESS TYPE *(CHECK ONLY ONE)*

☐ 01 - ABRASION	☐ 05 - AMPUTATION
☐ 02 - PUNCTURE	☐ 06 - BURN
☐ 03 - LACERATION	☐ 07 - FRACTURE
☐ 04 - CRUSHING	☐ 08 - SPRAIN/STRAIN

BODY PART AFFECTED *(CHECK ONLY ONE)*

☐ 01 – HEAD	☐ 05 – BACK	☐ 09 - ARM	☐ 13 - LEG
☐ 02 – FACE	☐ 06 – CHEST	☐ 10 - HAND	☐ 14 - KNEE
☐ 03 – EYE	☐ 07 – SHOULDER	☐ 11 – FINGER	☐ 15 - FOOT / ANKLE
☐ 04 – NECK	☐ 08 – ELBOW	☐ 12 - GROIN / HERNIA	☐ 16 – OTHER

DESCRIPTION OF INCIDENT

INCIDENT DESCRIPTION:

PRE-TASK ANALYSIS

1.	Was a Pre-Task completed for this work procedure?	☐ Yes	☐ No	☐ NA
2.	Did the Pre-Task cover the information causing the incident?	☐ Yes	☐ No	☐ NA
3.	Did the employee(s) sign off on the Pre-Task?	☐ Yes	☐ No	☐ NA
4.	Was the injury/incident a result of the Pre-Task not being followed?	☐ Yes	☐ No	☐ NA
5.	Did the Pre-Task Analysis need to be modified?	☐ Yes	☐ No	☐ NA

ROOT CAUSE ANALYSIS

WHY = ROOT CAUSE:

1.

2.

3.

CORRECTIVE ACTIONS

PREVENTATIVE MEASURES:

✓

✓

✓

✓

SIGNATURES**

INJURED EMPLOYEE:	DATE:	SUPERVISOR:	DATE:
SAFETY REP:	DATE:	PROJECT MANAGER:	DATE:

**** Submit Incident Report Containing <u>ALL</u> Signatures with the Monthly Safety Report ****