

Non-Employee/Subcontractor Injury Form

JOB:		EXACT LOCATION:	
DATE OF OCCURRENCE:	TIME:	AM PM	SUPERVISOR:
PERSONAL INJURY		PROPERTY DAMAGE	
INJURER'S NAME:		PROPERTY DAMAGED:	
PHONE #:	INJURED BODY PART:	ESTIMATED COSTS:	ACTUAL COSTS:
NATURE OF INJURY:		NATURE OF DAMAGE:	
OBJECT/EQUIPMENT/SUBSTANCE/INFLECTING INJURY:		OBJECT/EQUIPMENT/SUBSTANCE/INFLECTING DAMAGE:	
DESCRIBE CLEARLY HOW THE ACCIDENT OCCURRED: (ATTACH DIAGRAM OF BUILDING OR AREA IF POSSIBLE)			
WHAT ACTS, FAILURES TO ACT AND/OR CONDITIONS CONTRIBUTED TO THIS ACCIDENT:			
WERE MECHANICAL GUARDS (SHIELDS, BARRIERS) OR OTHER SAFEGUARDS (PPE) PROVIDED?			
WHAT ACTION HAS OR WILL BE TAKEN TO PREVENT RECURRENCE?			
NAME OF WITNESS:		WERE PHOTOS TAKEN?	DIAGRAMS ATTACHED?
INVESTIGATED BY:	DATE:	REVIEWED BY:	DATE: