

**LAZER CONSTRUCTION COMPANY, INC.  
SUPERVISOR'S REPORT OF WORKSITE ACCIDENT**

- ( ) Accident/Injury of LAZER Employee
- ( ) Accident/Injury of Sub-Contractor Employee
- ( ) Accident/Injury of Third Party
- ( ) Near Miss Incident

BASIC FACTS	INCIDENT NO.:	INVESTIGATION GUIDELINES
<b>Accident/Injury of Lazer Employee</b>		<b>Y N</b> Reported same day?
LAST	FIRST	M.I.
EMPLOYEE'S NAME:		<b>Y N</b> Rescue required?
		<b>Y N</b> Investigation done?
		<b>Y N</b> Injured Employees' Statement taken?
		<b>Y N</b> Employer's First Report of Injury done?
JOBSITE NAME/ADDRESS:		<b>Y N</b> Witness statements taken?
		<b>Y N</b> Vehicle Accident or Loss Report done?
		<b>Y N</b> Medical aid/hospitalization needed?
		<b>Y N</b> Drug test?
INCIDENT DATE:		<b>Y N</b> Root cause determined?
APPROXIMATE INCIDENT TIME:		<b>Y N</b> Corrective action?
<b>Accident/Injury of Upper or Lower Tier Contractor Employee</b>		<b>Y N</b> Loss time?
CONTRACTOR:		<b>Y N</b> Restricted duty?
CONTRACTOR'S ADDRESS:		<b>Y N</b> Need OSHA contact?
		<b>Y N</b> OSHA contact done?
JOBSITE NAME/ADDRESS:		<b>Y N</b> 200/300 log done (if necessary)?
		<b>Y N</b> Full Release?
LAST	FIRST	M.I.
EMPLOYEE'S NAME:		
INCIDENT DATE:		
APPROXIMATE INCIDENT TIME:		
<b>Accident/Injury of Third Party</b>		
LAST	FIRST	M.I.
NAME OF THIRD PARTY:		ADDITIONAL INFORMATION:
JOBSITE NAME/ADDRESS:		
THIRD PARTY HOME ADDRESS:		
HOME TELEPHONE:	ALTERNATE PHONE:	
INCIDENT DATE:	APPROXIMATE INCIDENT TIME:	
PURPOSE OF THIRD PARTY BEING ON JOBSITE:		
<b>Near Miss Incident</b>		
LIST CONTRACTORS ON SITE:		
LIST LAZER PERSONNEL ON SITE:		
JOBSITE NAME/ADDRESS:		
INCIDENT DATE:	APPROXIMATE INCIDENT TIME:	

DESCRIBE WHAT WAS OCCURRING JUST PRIOR TO THE INCIDENT:	
DESCRIBE EXACTLY WHAT OCCURRED DURING THE INCIDENT:	
DESCRIBE INJURY:	
WAS ANY PROPERTY DAMAGED?	Y N
IF ANY PROPERTY WAS DAMAGED, PLEASE DESCRIBE DAMAGE:	
AFTER DISCUSSION WITH ALL THOSE INVOLVED, WHAT DO YOU THINK WAS THE ROOT CAUSE OF THE ACCIDENT?	
RECOMMENDATIONS TO PREVENT A REOCCURRENCE OF THIS OR A SIMILAR INCIDENT:	
HOW MANY PERSONS WERE PRESENT ON THE JOBSITE?	
DID THEY ALL WORK FOR OUR COMPANY?	Y N
DID YOU REPORT THIS INCIDENT/INJURY TO ANYONE THE DAY IT HAPPENED? IF SO WHO?	Y N
LIST ALL PERSONS WHO WITNESSED THIS INCIDENT AND ALL OTHER CONTRACTORS PRESENT IN SITE:	