

Contractor Incident Reporting Form

Contractor / Sub-contractor: _____

WFU Project Manager: _____

Location: _____

Persons Involved: _____

Accident

Accident Report to Law Enforcement

Injury

911 Emergency

Accident Type

Struck by

Slip, Trip, Fall

Shock / Electrocuting

Penetration

Struck against

Caught in, on

Temperature exposure

Loss of Consciousness

Overexertion

Strain / Sprain

Chemical Exposure

Vehicle Accident

Heavy Equipment

Other _____

Accident Cause

Corrective Action

Specific Location Where Event Occurred: _____

Operation Being Performed When Event Occurred: _____

Contractor _____
(Print Name)

Signature

Date

Sub-Contractor _____
(Print Name)

Signature

Date

Project Manager _____
(Print Name)

Signature

Date