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 / Electrocution ☐ 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