

**Attachment-C FIRST REPORT OF INJURY/INCIDENT**

**INCIDENT / INJURY REPORT**

FA Industrial Services, Inc. Risk Management Department  
Fax To: 231-344-5919  
Attention: Risk Manager

REGARDLESS OF THE SEVERITY ALL INCIDENTS AND NEAR MISSES MUST BE REPORTED TO THE RISK MANAGEMENT DEPARTMENT

INCIDENT INFORMATION:

TYPE:  Bodily Injury     Employee Illness     Other \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

REPORT PREPARED BY: \_\_\_\_\_

PROJECT LOCATION: \_\_\_\_\_

DESCRIPTION OF INCIDENT: (In detail describe the incident, who, what, where, when, how, why)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAS CORRECTIVE ACTIONS BEEN TAKEN?     YES     NO

(Describe in detail what actions have been taken to prevent this from reoccurring in the future.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attachment-C FIRST REPORT OF INJURY/INCIDENT (continued)**

**BODILY INJURY INFORMATION:**

Medical Response called?  YES  NO

Name of Employee \_\_\_\_\_

Name of hospital taken to \_\_\_\_\_

Was a subcontractor involved?  YES  NO Name \_\_\_\_\_

Was family notified?  YES  NO By Whom? \_\_\_\_\_

Name of immediate foreman/ supervisor \_\_\_\_\_

Type of injury \_\_\_\_\_

Objects/Materials/Equipment involved \_\_\_\_\_

Were any pictures taken?  YES  NO (Please forward copies to the Risk Management Department)

**WITNESS INFORMATION:**

Did anyone witness the incident?  YES  NO

Name of witness \_\_\_\_\_

Location of witness to incident \_\_\_\_\_

Statement of witness (in their own words describe) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_