

TREMCO INITIAL INCIDENT REPORT

TYPE OF INCIDENT: INJURY/ILLNESS NEAR MISS PROPERTY DAMAGE
OTHER ()

BASIC INFORMATION	PROJECT NAME & ADDRESS:	MEDICAL FACILITY NAME & ADDRESS:	INCIDENT DATE:			
			INCIDENT TIME:			
INJURY CLASSIFICATION	FIRST AID	RESTRICTED/TRANSFERRED*	LOST TIME* (CHECK THE BOX THAT BEST IDENTIFIES THE INJURY)			
	MEDICAL BEYOND FIRST AID*	OSHA RECORDABLE*	RECORD ONLY			
COMMENTS/CLARIFICATIONS (OTHER):						
EMPLOYEE TREATED: ON SITE OFFSITE (IF OFFSITE, PROVIDE TREATMENT LOCATION):					N/A:	
EMPLOYEE INVOLVED	NAME:	JOB TITLE:	GENDER:	MALE	FEMALE	
	TASK PERFORMING AT TIME OF INCIDENT:			TIME SHIFT BEGAN:		
	INCIDENT LOCATION (JOBSITE SPECIFIC):			LENGTH OF EXPERIENCE:	YEARS	MONTHS
	CONTACT NUMBER:	TREMCO Orientation:	YES	NO	START DATE ON THIS JOB:	
	EMPLOYMENT STATUS:	PART TIME	FULL TIME	TREMCO HIRE DATE:	PAYROLL:	
	DIVISION & LOCATION:					
	SUPERVISOR NAME:	CONTACT NUMBER:		WORK REGION:		
WITNESS INFORMATION	NAME:	CONTACT NUMBER:				
	STATEMENT PROVIDED?	YES	NO			
* If OSHA Recordable, DART, or Lost Time Incident, Obtain Witness Statements and Attach Photos as Required						
INJURY/ILLNESS INFORMATION	INCIDENT TYPE (CHECK ALL THAT APPLY)			INJURY/ILLNESS TYPE (CHECK ALL THAT APPLY)		
	01 - STRUCK BY	05 - SAME LEVEL FALL	09 - INHALATION	01 - ABRASION	05 - AMPUTATION	
	02 - STRUCK AGAINST	06 - FALL TO BELOW	10 - HEAT	02 - PUNCTURE	06 - BURN	
	03 - CAUGHT IN/ON	07 - LIFTING/PUSH/PULL	11 - OTHER ()	03 - LACERATION	07 - FRACTURE	
	04 - CAUGHT BETWEEN	08 - ELECTRICAL	12 - N/A	04 - CRUSHING	08 - SPRAIN/STRAIN	
	BODY PART AFFECTED (CHECK ALL THAT APPLY)					
01 - HEAD	05 - BACK	09 - ARM	13 - LEG			
02 - FACE	06 - CHEST	10 - HAND	14 - KNEE			
03 - EYE	07 - SHOULDER	11 - FINGER	15 - FOOT/ANKLE			
04 - NECK	08 - ELBOW	12 - GROIN/HERNIA	16 - OTHER ()			
PROJECT STATUS (CHECK ALL THAT APPLY)			OTHER CONTRIBUTING FACTORS (CHECK ALL THAT APPLY)			
COMPRESSED SCHEDULE	GC	WEATHER	BEHAVIOR			
FIRST 10%	GS	HOUSEKEEPING	NOT COMPLIANT TO POLICY			
LAST 10%	EXTENDED HOURS	BODY POSITIONING	LACK OF PREVENTATIVE MAINT.			
OFF HOURS WORK	SALES VISIT	LACK OF TRAINING	FAULTY EQUIP./LACK OF INSPECTION			
DESCRIPTION OF INCIDENT						
ROOT CAUSE ANALYSIS	ROOT CAUSES = WHY INCIDENT OCCURRED (IDENTIFY AT LEAST THE TOP 3)					
	1.					
	2.					
	3.					
	4.					
CORRECTIVE ACTIONS <i>PLEASE ASSOCIATE ACTIONS w/ ROOT CAUSES</i>	SMART (Specific, Measurable, Achievable, Result-oriented, Time-bound)			ACTION BY	DUE DATE	CLOSED
	1.			-		
	2.			-		
	3.			-		
	4.			-		
*SIGNATURES	INJURED EMPLOYEE:	DATE:	SUPERVISOR:	DATE:		
	TREMCO EHS REP:	DATE:	REGIONAL/PROJECT MGR:	DATE:		

*HUMAN RESOURCES SECTION (ONLY)

EMPLOYEE D.O.B:
S.S.N.

WAGE RATE:



**TREMCO INCIDENT/ACCIDENT
WITNESS STATEMENT FORM**

Person Taking Statement: _____
Name Position/Title

Injured Employee: _____
Name Supervisor

Project Name Location (city, state)

Date and Time of Incident/Accident _____

On-site Location of Incident/Accident _____
(i.e. office, dept., column, bay, location on roof, etc.)

Witness: _____
Name Contact Info Supervisor

Witness's Location
or observation point
at time of incident: _____

WITNESS STATEMENT

Witness's Statement
as to Observations
& Cause of
Incident/Accident:

Witness's Signature

Date



**TREMCO INJURED EMPLOYEE
STATEMENT FORM**

Person Taking Statement: _____
Name Position/Title

Injured Employee: _____
Name Supervisor

Project Name Location (city, state)

Date and Time of Incident/Accident _____

On-site Location of Incident/Accident _____
(i.e. office, dept., column, bay, location on roof, etc.)

STATEMENT OF INJURED EMPLOYEE

**Injured
Employee's
Statement as to
Cause of Incident/
Accident:**

Injured Employee's Signature

Date

**If Injured Employee
has not signed this
Statement, please
give reason:**