

FOR OFFICIAL USE ONLY

**INCIDENT REPORT**

**Report #**

**TYPE OF INCIDENT:**

**NAME(S) OF INJURED** (if applicable):

**INCIDENT**

**DATE:**

**TIME:**

**COMPANY:**

**SUPERVISOR:**

**LOCATION OF INCIDENT:**

**TYPE OF INJURY OR FIRE:**

**CAUSE OF INCIDENT:**

**EQUIPMENT INVOLVED:**

**WORK ITEM NUMBER:**

**CONTRACT NUMBER:**

**WITNESS AND/OR INDIVIDUALS INVOLVED**

NAME(S)	DEPT.	COMPANY

**DESCRIPTION OF INCIDENT**

**DISPOSITION OF INJURED (if applicable)**

**IMMEDIATE CORRECTIVE ACTION**

**INVESTIGATED BY (NAME):**

**TITLE:**

**SIGNATURE OF INVESTIGATOR:**

**DATE:**

**FOR OFFICIAL USE ONLY**

**INCIDENT REPORT**

**Report #**

**LONG TERM CORRECTIVE ACTION**

--

**ROOT CAUSE ANALYSIS**

--

<b>INVESTIGATED BY (NAME):</b>	<b>TITLE:</b>
<b>SIGNATURE OF INVESTIGATOR:</b>	<b>DATE:</b>

**FOR OFFICIAL USE ONLY**

**Incident Report Instructions**

**REPORT NUMBER**- Unique tracking number created by contractor

**TYPE OF INCIDENT**- Injury, fire or near miss

**NAME(S) OF INJURED**- Self Explanatory

**INCIDENT DATE**: - Self Explanatory

**TIME**: - Self Explanatory

**COMPANY**: - Prime and subcontractors involved

**SUPERVISOR** – Supervisor of employee(s) involved

**LOCATION OF INCIDENT**: - Base/Yard, Ship name and hull number, space number and compartment name

**TYPE OF INJURY OR FIRE** – i.e. broken arm, laceration to head or Class A, B, C fires, smoldering

**CAUSE OF INJURY** – i.e. Equipment failure, PPE, process

**EQUIPMENT INVOLVED** – Equipment working on and equipment being used to cause incident

**WORK ITEM NUMBER** – Work Item being accomplished when incident occurred

**CONTRACT NUMBER**: - Contract Number assigned by government agency i.e. RMC, AIT Sponsor.

**WITNESS AND/OR INDIVIDUALS INVOLVED** – Name, company of witnesses and or individuals involved with the incident.

**DESCRIPTION OF INCIDENT OR NEAR MISS** – Short description of events leading up to incident and extent of injuries and or damage to equipment.

**DISPOSITION OF INJURED** – i.e. Transported to hospital via ambulance or POV, transported to clinic, released from hospital, name of hospital or clinic, limited duty or loss time (if known).

**IMMEDIATE CORRECTIVE ACTION** – i.e. Scene/space secured, ship notified (who and when), SERMC notified (who and when) clean up of blood, equipment secured fire debris cleaned up.

**INVESTIGATED BY** – Self Explanatory.

**TITLE** – Self Explanatory.

**SIGNATURE OF INVESTIGATOR** – Self Explanatory.

**DATE** – Self Explanatory.

**LONG TERM CORRECTIVE ACTION** – What action(s) were taken so that incident does not reoccur, i.e. training, safety stand down or process/policy change.

**ROOT CAUSE ANALYSIS** – Process by which you will identify the cause or contributing factors of the incident.

Note: Attach additional information as necessary.