



REAPER ROUSTABOUT LLC

INCIDENT REPORT

This form is used to report any workplace accident, injury, incident, close call, or illness. Return completed form to your Operations Supervisor, or Management

Lost Time/Injury

First Aid

Incident

Close Call

Observation

DETAILS OF PERSON INJURED OR INVOLVED *(this section to be completed by person involved/injured if possible)*

Person Completing Report: _____

Person(s) Involved: _____

Date: _____ Truck/Crew ID: _____

| | | | | | |
|--|--|-------------------------|--|--|-------|
| Date of Incident: | | Time Incident Occurred: | | Police or Emergency Services Notified: | Y / N |
| Location/Site where Incident Occurred: | | | | Supervisor/Foreman Notified: | Y / N |

Describe what happened, how it happened, factors leading up to the event, objects or substances involved, be as specific as possible (attach separate sheet if needed):

| | | | |
|--|-------|---|-------|
| Could this incident have been avoided? | Y / N | Was this incident caused by a lack of training? | Y / N |
|--|-------|---|-------|

Describe how this incident may have been avoided and what action will be taken to ensure preventing such event from occurring again

| | | |
|------------------|------------|-------|
| Witness Name: | Signature: | Date: |
| Supervisor Name: | Signature: | Date: |
| Person Involved: | Signature: | Date: |