

# 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	
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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:	WAGE RATE:
	S.S.N.	HOME ADDRESS:



**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:**