910 Twin Butte Rd
Menan, Idaho 83434
Ph: 208-754-4422
Fax: 208-754-4433

INCIDENT REPORT

Project Name: _____ Project Manager: _____

Project Number: _____ Superintendent: _____

Project Location: _____ Who was injured: _____

Date and Time of Incident: _____

Location of Incident: _____

Description of what happened: _____

_____

_____

_____

_____

_____

_____

People involved or witnesses:

_____

_____

Superintendent's Signature: _____

Printed Name: _____

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Menan, Idaho 83434
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INCIDENT INVESTIGATION

Project Name: _____ Project Manager: _____

Project Number: _____ Superintendent: _____

Project Location: _____ Who was injured: ___

Date and Time of Incident: _____

Location of Incident: _____

Brief Description of what Happened: _____

_____

_____

Corrective action taken at time of incident: _____

_____

_____

_____

Action taken to avoid future incidents: _____

_____

_____

Project Manager Signature: _____