



**ZACHRY CONSTRUCTION CORPORATION
SUBCONTRACTOR INCIDENT INVESTIGATION REPORT**

Job #:		Project Name:			
Date Occurred:			Time:		
Date Reported:			Location (Near or in what area of the job):		
Supervisor:					
Mark All That Apply:					
Injury		Near Miss		Property Damage	
First Aid		Non-Recordable		Restricted Duty	
Doctor Case		Recordable		Lost Time	
If Injury Employee Name:					
Nature of injury (Description):					
Description of Incident (Include Cause of Injury if applicable)					
Witness Name				Employee ID#	
				Phone No.	
Witness Name				Employee ID#	
				Phone No.	
Employee Instructed About Hazards of Job		YES NO	16. JSA/STA Included w/Report		YES NO
Procedure for Assigned Task		YES NO	Procedure Utilized YES NO		
Work Being Performed:			19. PPE Used:		
Conditions/Actions Contributing to Incident:					
Recommendations Made By Review Person (Committee) Note: Include Responsible Person & Abatement Date					
22. Supervisor's Signature (Upon Review of Recommendations)					
					Date:
23. Authorized Signature (Project Manager)					
					Date: