



Konrad
CONSTRUCTION

INCIDENT REPORT PROCEDURES

SAFETY FIRST

Konrad Construction puts the safety of our employees and customers above everything else. That is why we have made it a priority to continually improve our safety practices since we have been in business.

Our goal is to eliminate personal injuries, damage to equipment and property, and to protect the general public who may come in contact with our company's activities.

Konrad Construction employees work under our key philosophy: Work hard but most importantly work safe and smart. We are committed to meeting and exceeding all health and safety requirements in all federal and state jurisdictions.

Safety is a team effort and we strive to improve on it every day.

INCIDENT PROCEDURES

Injured individuals - no matter how minor the injury - must report the incident to their superintendent and an incident report must be completed and a copy must be sent to the corporate office.

Injuries/sickness that require medical attention – the injured party should be transported to the nearest urgent care facility immediately. Notify senior officers regarding the incident.

Complete the Incident Report and get statements from witnesses.

Take photos where incident occurred if necessary.

If injury was severe, barrier/caution off area until an investigation can be done regarding why incident occurred and how to prevent further incidents.

❖ Incident reports should also be completed for all near-miss accidents.
This way procedures can be put in place so that it does not arise in the future.

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**IF YOU HAVE ANY QUESTIONS REGARDING SAFETY,
CONTACT THE OFFICE OR NEAREST OSHA OFFICE.**

INCIDENT/ACCIDENT REPORT

Immediate Supervisor should complete this form properly with worker input.

Please print clearly and report all incidents as soon as possible.

Injured Worker: _____

Occupation: _____

Where Injury Occurred: _____

Date/Time: _____

Type of Injury: _____

Treatment: None 1st Aid Doctor Hospital

Witnesses:

Describe Incident/Injury:

Identify Cause: Work Habit Rule Violation Other (Describe below)

Was incident caused by faulty equipment? If yes, identify:

Did previous injury/condition of worker contribute? Explain:

If incident was caused by a person not employed by us, please list their information.

Name: _____

Phone: _____

Address: _____

Action Taken to Prevent Similar Occurrence:

Date: _____ Injured Worker Signature: _____
(If Available)

Date: _____ Supervisor's Signature: _____