

Konrad Construction Company, Inc.
Supervisors Report of 3rd Party Accident
(Member of the public or sub's employee)

Location of accident & Job # _____

Date of Accident _____

Time of Accident _____

Description of accident and Root Cause:

Is there a possibility of mold or poor air quality resulting from this accident? _____

What activity was being performed prior to and at the time of accident?

What materials, equipment, or conditions were involved?

What unsafe conditions and/or unsafe acts contributed to the accident?

Name and Address of injured person(s) and names of **their Employer(s)**

List subcontractors working in area at the time of the accident

List names and addresses of all witnesses

Correction Action: List the actions taken to prevent a re-occurrence of the incident:

Additional Misc. Information:

When possible, take written statements from each witness. Have them sign and date each statement and **TAKE PHOTOS OF THE WORK/ACCIDENT AREA** and retain any broken tools such as ladders and scaffold parts which may have contributed.

Report by _____ Date of Report _____