P.O. Box 3401
Renton, WA 98056
(425) 413-2110

INSTRUCTIONS FOR CONTRACTOR ACCIDENT/INCIDENT FORMS

1. All forms must be completed in detail, and in legible handwriting or typed. If handwritten, please print
2. Complete forms must be submitted to B.C. President within 24 hours of the accident/incident. If the form cannot be completed in that time frame (due to extent of injuries or availability of the injured party), please contact B.C. President with preliminary information. Incomplete forms may be submitted as part of the preliminary information. However, completed versions must be submitted as soon as possible.
3. Incomplete forms or outdated forms will be sent back to the individual for revisions.
4. Please review the forms in detail. Make sure that everything is complete.
5. If a subcontractor is involved, please follow up with them to determine the extent of injuries. We are tracking their incidents/accidents as well.
6. The only information needed on page 3 (Medical Release) is the name of the individual, his or her social security number, the date and a signature. The rest of the form will be completed during the follow-up process. Please ask the employee to sign this form regardless of the severity of the injury.
7. If the incident involves a fatality or the hospitalization of one or more individuals, please contact Brian Crooks immediately.

REMINDERS:

1. Are the forms thoroughly completed with the necessary details?
2. Do you have the necessary signatures?
3. Is the information, including names, legible?
4. If a Contractor employee was injured:
    a. Did he or she complete the appropriate sections on the forms in his or her own handwriting?
    b. Did you get a signature on the medical release form?
5. Did you fax the completed forms to B.C. President within 24 hours of the incident?
6. If the forms could not be faxed or emailed within 24 hours, did you contact B.C. President with preliminary information?
7. Did you ensure that the injured party is stabilized and/or receiving appropriate treatment?
8. How are the rest of the employees handling the incident/accident?
9. Did you follow up with the subcontractor(s) in terms of extent of injuries and/or resulting medical treatment?
10. If the accident involved blood or other potentially infectious material, did you contain the material and dispose of it properly?
11. Did you contact the designated client representative (if applicable)?
12. Did you use additional pages if necessary to describe the accident/incident?
13. Was a drug and alcohol test performed (if applicable)?

B.C. PAVERS, INC.

P.O. Box 3401
Renton, WA 98056
(425) 413-2110

CONTRACTOR ACCIDENT / INCIDENT REPORT

Please Select Type:

☐ **Employee Injury** ☐ **Accident** ☐ **Property Damage/Stolen Property**
☐ **Subcontractor Injury** ☐ **Incident**

INJURED PARTY/CLAIMANT:

Name: _____ SS#: _____

Address: _____ Home Phone #: _____

_____

City, State, Zip: _____ Date of Birth: _____

Employer: _____

Occupation When Injured: _____

TIME AND PLACE OF ACCIDENT / INCIDENT

Did Accident Occur on company Premises? ☐ Yes ☐ No

Accident Location (Job Name): _____ Job No.: _____

Address: _____ State/Zip: _____

Date: _____ Time: _____ Lost Time: ☐ Yes ☐ No

Name of Foreman/Supervisor: _____

Last Day Worked: _____ Return to Work: _____

Reported to Employer: _____

To Whom was Accident Reported: _____

Were company Personnel On Site When the Accident/Incident Occurred? ☐ Yes ☐ No

DESCRIPTION OF ACCIDENT / INCIDENT (completed by employee) See Attached Employee Description

WITNESS CONTACT INFORMATION See Attached Witness Contact Info

MEDICAL ATTENTION:

Was Medical Attention Provided: ☐ Yes ☐ No When: _____

Name of Doctor/Hospital: _____ Phone No.: _____

Address of Doctor/Hospital: _____

SIGNING THIS REPORT DOES NOT CONSTITUTE CERTIFICATION OF AN INDUSTRIAL CLAIM (signatures)

Employee Signature	Date	B.C. Pavers' Representative Signature	Date
Employee (typed or printed)		B.C. Pavers' Representative Name (typed or printed)	Phone

NOTE: THIS REPORT MUST BE TRANSMITTED TO THE COMPANY WITHIN 24 HOURS OF THE ACCIDENT/INCIDENT

P.O. Box 3401
Renton, WA 98056
(425) 413-2110

CONTRACTOR
ACCIDENT / INCIDENT REPORT

ACCIDENT / INCIDENT IN QUESTION:

B.C. Pavers' Representative Name(typed or printed) _____ Date _____

Is the Injured Party a Contractor's Employee? ☐ Yes ☐ No Subcontractor? ☐ Yes ☐ No

Please Provide a Description (In Detail) of Occurrence:

Did Anything Contribute to the Accident / Incident? (i.e., Environmental or external factors, another contractor, carelessness, lack of sleep, etc.)

Had this Contributing Factor Been Discussed in Pre-Construction or Tool Box Meetings: ☐ Yes ☐ No

CORRECTIVE ACTION INVOLVED:

Initial Response/Action to Incident (Please Describe):

Long Term Corrective Measures (Please Describe):

How was Corrective Actions Communicated to the Workers?

PERSONAL PROTECTION EQUIPMENT USED AT TIME OF INCIDENT (BY INJURED PARTY) – PLEASE CHECK ALL THAT APPLY.

- ☐ Hard Hat
- ☐ Safety Glasses / Goggles
- ☐ Face Shield
- ☐ Work Boots
- ☐ Gloves
- ☐ Full Body Harness and Lanyard
- ☐ Hearing Protection
- ☐ Respiratory Protection
- ☐ Other: _____

SAFETY DEPARTMENT COMMENTS / FOLLOW UP:

NOTE: THIS REPORT MUST BE SUBMITTED TO THE COMPANY WITHIN 24 HOURS OF THE ACCIDENT/INCIDENT

B.C. PAVERS, INC.

P.O. Box 3401
Renton, WA 98056
(425) 413-2110

DESCRIPTION OF ACCIDENT / INCIDENT (completed by employee)

_____
Date

Accident Location (Job Name): _____ Job No.: _____

Describe in Detail what Occurred:

Exact Nature and Part of Body Affected (e.g., fracture of right hand, cut finger, etc.) (If applicable):

Property Damage (if applicable):

Have you ever had any Other Medical Treatment or Injury to Part(s) of Body Listed Above, Either Before or After this Injury? If so, Explain in Detail and Give the Name of Treating Physician.

Are you Reporting this Accident as an Industrial (work related) Injury? ☐ Yes ☐ No

B.C. PAVERS, INC.

P.O. Box 3401
Renton, WA 98056
(425) 413-2110

CONTRACTOR ACCIDENT / INCIDENT REPORT
WITNESS CONTACT INFORMATION

_____
Date

Accident Location (Job Name): _____ Job No.: _____

Name: _____

Address: _____

_____

City, Zip: _____

Phone #: _____

Name: _____

Address: _____

_____

City, Zip: _____

Phone #: _____

Name: _____

Address: _____

_____

City, Zip: _____

Phone #: _____

Name: _____

Address: _____

_____

City, Zip: _____

Phone #: _____

B.C. PAVERS, INC.

P.O. Box 3401
Renton, WA 98056
(425) 413-2110

WITNESS STATEMENT

Name: _____ Title: _____

Social Security Number: _____ Date: _____ Time: _____

Employer: _____

Address: _____ Phone No.: _____

_____

Location at Time of Accident / Incident:

Describe to the best of your knowledge what happened before, during, and after the accident:

_____
Signature

Attach to Accident / Incident Report