



The University of Michigan  
**Contractor Incident Report**

JOB #:

PROJECT NAME:

INCIDENT DATE:

INCIDENT TIME:

INCIDENT CLASSIFICATION	INCIDENT (CHECK THE APPROPRIATE BOX)					
	INJURY/ILLNESS	NEAR MISS	PROPERTY DAMAGE	OTHER (_____)		
INJURY CLASSIFICATION	(CHECK ALL THAT APPLY)					
	FIRST AID	OSHA RECORDABLE	RESTRICTED/TRANSFERRED	LOST TIME		
	COMMENTS/CLARIFICATION:					
	EMPLOYEE TREATED:	ONSITE	OFFSITE (IF OFFSITE, PROVIDE):	TREATMENT LOCATION:      PHYSICIAN:		
EMPLOYEE INVOLVED	NAME:			SEX:      MALE      FEMALE		
	JOB BEING PERFORMED AT TIME OF INCIDENT:		REGULAR	OTHER (IF OTHER, DESCRIBE)		
	HOUR WORK BEGAN:	AM	PM	CRAFT:		
	LENGTH OF EXPERIENCE:	YEARS:	MONTHS:	EMPLOYEE START DATE ON THIS JOB:		
	IS THIS THE EMPLOYEE'S FIRST UM PROJECT?		YES	NO (IF NO, HOW MANY PROJECTS?)		
CONTRACTOR INVOLVED	COMPANY:		CONTACT NUMBER:			
	SUPERVISOR:		CONTACT NUMBER:			
	IS THIS THE FIRST UM PROJECT?		YES	NO		
	INCIDENT LOCATION (SPECIFIC):					
INJURY/ILLNESS INFORMATION	INCIDENT TYPE (CHECK ONLY ONE)			INJURY/ILLNESS TYPE (CHECK ONLY ONE)		
	01 - STRUCK BY	05 - SAME LEVEL FALL	09 - INHALATION	01 - ABRASION	05 - AMPUTATION	
	02 - STRUCK AGAINST	06 - FALL TO BELOW	10 - HEAT	02 - PUNCTURE	06 - BURN	
	03 - CAUGHT IN/ON	07 - OVER EXERTION	11 - OTHER	03 - LACERATION	07 - FRACTURE	
	04 - CAUGHT BETWEEN	08 - ELECTRICAL	12 - NA	04 - CRUSHING	08 - SPRAIN/STRAIN	
	BODY PART AFFECTED (CHECK ONLY ONE)					
	01 - HEAD	05 - BACK	09 - ARM	13 - LEG		
	02 - FACE	06 - CHEST	10 - HAND	14 - KNEE		
	03 - EYE	07 - SHOULDER	11 - FINGER	15 - FOOT / ANKLE		
	04 - NECK	08 - ELBOW	12 - GROIN / HERNIA	16 - OTHER		
DESCRIPTION OF INCIDENT	INCIDENT DESCRIPTION:					
PRE-TASK ANALYSIS	1. Was a Pre-Task completed for this work procedure?			Yes	No	NA
	2. Did the Pre-Task cover the information causing the incident?			Yes	No	NA
	3. Did the employee(s) sign off on the Pre-Task?			Yes	No	NA
	4. Was the injury/incident a result of the Pre-Task not being followed?			Yes	No	NA
	5. Did the Pre-Task Analysis need to be modified?			Yes	No	NA
ROOT CAUSE ANALYSIS	WHY = ROOT CAUSE:					
	1.					
	2.					
	3.					
CORRECTIVE ACTIONS	PREVENTATIVE MEASURES:					
	✓					
	✓					
	✓					
	✓					
SIGNATURES**	INJURED EMPLOYEE:		DATE:	SUPERVISOR:		DATE:
	SAFETY REP:		DATE:	PROJECT MANAGER:		DATE:

\*\* Submit Incident Report Containing ALL Signatures with the Monthly Safety Report \*\*