



Engineers Construction, INC
Investigation Report

Date of Report

Employee of : ECI ACP ECI DD ECIRR

Name of injured employee: Date of Birth: Sex:

SSN: Home Address:

Occupation:

Time employee began work: Any time lost beyond date of incident:

Site Manager: On Employer's Premises:

Incident Location (City, State):

Source / Cause of Injury:

Nature of injury and Part of Body:

Severity of Injury:

Phase of Employee workday at time of Incident:

Names of Others injured in same incident:

What Were Conditions Like? Weather Lighting

When did incident Occur?	Month	Day	Year	Time (hrs)	Time (min)	AM/PM
Date/Time Occurred						
Date/Time Reported						

Witness Name(s):	Employee/Contractor/Other	Phone

Equipment Involved:

Incident Type:
Incident Sub-type:

Environmental Release Info.	Product/Material	Amount	Unit
Released			
Recovered			

Full Description of Incident:

Causal Factors:

Corrective Action Plans:

Reported by (Name/Title): Matthew Orszulak / Safety Officer _____
Date: _____

Follow-up Meeting Date: _____
Time: _____