



# GREEN ACRES CONTRACTING INCIDENT REPORT

ver 2020.SEPTEMBER

## GENERAL INCIDENT INFORMATION

Date of Incident:  Time of Incident:   Today's Date:

Foreman:  Supervisor:  Job Number:

Location of Incident:

Weather:  Temperature:  Type of Incident:

Witness Name:  Home #  Cell #  Work #

Reported to whom in office:  Date:  Time:

Supervisor notified?  Date:  Time:   Pictures Taken?

## EMPLOYEE INJURY

Employee Name:  Job Title:

Time Employee Started Work:   AM  PM PPE Worn:  Hard Hat  Safety Glasses  Vest  
 Gloves  Face Shield  Boots

Body Parts Injured:

Describe Incident in Detail:

Onsite First Aid Given:  Yes  No By Whom & What:

Offsite Medical Treatment:  Yes  No Facility Name:  City:  State:

## OFFICE USE ONLY

Employee Street:  Date of Birth:  Age:   M  F

Home Address: City:  State:  Zip:  Date of Hire:  Phone:

Office Notes:

Site Code F:  Site Code S:  Claim #

**EQUIPMENT INCIDENT**

EQ1 #  TR1 #  Driver/Operator:  EQ2 #  TR2 #  Driver/Operator:

Did Authorities Respond?  Yes  No Responding Authority:  Contact Name:

Report Filed?  Yes  No Report Number:  Contact Phone:

Non GAC vehicle involved:  Yes  No Other Driver:  Driver Phone:

Other Driver Address: Street:  City:  State:

Insurance Information: Insurance Co. Name:  Policy Number:

Other Vehicle: Year:  Make:  Model:  Color:

Damages to other vehicle:

Damages to our equipment1:

Damages to our equipment2:

Describe Incident in Detail:

**OFFICE USE ONLY**

Employee1 Street:  Date of Birth:  Age:   M  F  
 Home Address: City:  State:  Zip:  Date of Hire:  Phone:

Employee2 Street:  Date of Birth:  Age:   M  F  
 Home Address: City:  State:  Zip:  Date of Hire:  Phone:

UTILITY STRIKE

Utility Damaged:  Electric  Water  Gas  Phone  Cable  Other

Was line marked?  Marked Properly  Unmarked  Mismarked By how much?

One Call Made?  By Whom?  Date Placed:  Ticket #

What equipment caused damage?  Who was the operator?

Describe  
Utility  
Strike  
In Detail:

PROPERTY DAMAGE (Not Utility)

Property Owner Name:  Cell Phone:

Property Owner Street:  Home Phone:

Address: City:  State:  Business Phone:

Describe  
Incident  
in Detail:

WORK ZONE (Report Only)

Were Flaggers Used?  Flagger Name:  Flagger Name:

Traffic control set properly?  GAC responsible for traffic?  If no who was?

Describe  
Incident  
in Detail:

INCIDENT PICTURES

Image Field

Image Field

Image Field

Image Field

Image Field

Image Field

After pictures have been inserted, resubmit by Email using button to right.

Incident Report complete. Review, then submit to Graham Company using button to right.