



GREEN ACRES CONTRACTING INCIDENT REPORT

ver 2021.FEBRUARY

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 Address: Street: Home Phone:

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.