GREEN ACRES CONTRACTING
INCIDENT REPORT
ver. 2026 JULY

GENERAL INCIDENT INFORMATION

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

Foreman: | Supervisor: | Job Number:

Location of Incident:

Weather: Sunny/Clear | Temperature: | Type of Incident:

Witness Name: | Home # | Cell # | Work #

Reported to whom in office: | Date: | Time: | AM

Supervisor notified? Yes | Date: | Time: | AM | Pictures Taken? Yes

EMPLOYEE INJURY

Employee Name: | Job Title:

Time Employee Started Work: | AM

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 Home Address: Street: | Date of Birth: | Age: | ☐ M ☐ F

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 Home Address: Street: | Date of Birth: | Age: | ☐ M ☐ F

City: | State: | Zip: | Date of Hire: | Phone:

Employee2 Home Address: Street: | Date of Birth: | Age: | ☐ M ☐ F

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:

End of Foreman Report. Please review the report for accuracy. Click on the "Submit by Email".

Submit By Email

INCIDENT PICTURES	
Image Field	Image Field
Image Field	Image Field
Image Field	Image Field