

NECA & IBEW Local 701 Joint Safety Committee

Standard Accident Report Form

Circle all that apply

Please fill out and **FAX to 630-393-3497** Attention: Safety Committee
Information will be used for training and education purposes only

Date of accident: _____

Age of employee: < 25 < 35 < 45 < 55 < 65

Lost workday incident: YES NO

Day of week: M T W TH F S SU

Time of Day: AM PM

Weather conditions a factor: YES NO

Temperature: <0 10 20 30 40 50 60 70 80 90 100>

Precipitation: rain sleet ice snow fog

Type of construction: Residential Commercial Industrial Outside

Number of floors in building: 1 2 to 3 4 to 10 >10

Type of injury: slip, trip or fall Strain or sprain cut, abrasion or puncture eye shock or arc flash

Equipment involved: YES NO

Vehicle: YES NO

Power tool: Drill saw conduit bender other

Hand tool: YES NO

Ladder Scaffold Scissor Lift Boom lift other lift

Employee received medical care: YES NO

Contractor: _____

Contact information: Optional

Name: _____

Phone: _____

Accident Description:

Circle injured body part

