



# THE COLEMAN COMPANIES

ALVIN J. COLEMAN & SON, INC.  
COLEMAN CONCRETE, INC.  
COLEMAN RENTAL & SUPPLY, INC.

9 NH ROUTE 113 ♦ CONWAY, NH 03818 TEL. 603-447-5936 ♦ FAX 603-447-5839

## INCIDENT REPORT & INVESTIGATION

Emergency: Call 911

Injury Care Hotline: 1(844)248-7424

### INCIDENT - FIRST REPORT

*Please complete and check all fields that apply based on fact based information.*

Date Incident occurred: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ : \_\_\_\_ Location: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Hire Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date reported : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Job/ task at time of incident:  
 Laborer  Operator  Truck Driver  Mechanic  Runner  Other: \_\_\_\_\_

Incident Investigator: \_\_\_\_\_ Name of Supervisor notified: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date Notified: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Report Type  
 Near Miss  Safety Hazard  Damages to  Company  Private  Property (Specify below)  
 Crime/ Violence  Pollution  Injury  Other: \_\_\_\_\_

Auto Damage  Equipment Damage Owner: \_\_\_\_\_  
Make/ Model/ Year: \_\_\_\_\_ Vin Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Auto Damage  Equipment Damage  Auto Damage Owner: \_\_\_\_\_  
Make/ Model/ Year: \_\_\_\_\_ Vin Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Safety Factors  
Adhering to Company Policy?  Yes  No Was employee using powered hand tools?  Yes  No  
Were safety procedures followed?  Yes  No Type: \_\_\_\_\_

Check PPE in use at time of incident:  
 Hard Hat  Eye Protection  Gloves  Face Shield  Tarp  
 Back Belt  Safety footwear  Fall Protection  Seatbelt  
Other: \_\_\_\_\_  
Was employee engaged in an unfamiliar activity?  Yes  No  
Did employee receive adequate training on activity?  Yes  No

Incident Response  Police on Scene  Fire Dept.  Electric Company  
 First Aid only  911 Called  24 Hour Triage Help Line Called  Other: \_\_\_\_\_

Taken to Emergency Room  Via ambulance  Via Supervisor  Self  
Hospital Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Taken to Clinic  Via ambulance  Via Supervisor  Self  
Clinic Name: \_\_\_\_\_  Other: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Submit form to: Mamie Phelan

Email: mphelan@ajcoleman.com • Phone: (603)447-5936 ext. 337 • Fax: (603)447-5839



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### INCIDENT INFORMATION (Continued)

Outline WHO, WHAT, WHEN, WHERE, WHY, HOW

Employee Statement

Employee Name:

Statement Date & Time:

Statement Taken By:

**Document the incident by outlining the following:**

**Who** –all involved in incident and any specific role they played before/ after/ during the incident.

**What**- all factors involved in the incident.

**When**- identifies any relevant details that correlate the incident took place.

**Where**- provide specifics about the location of the incident.

**Why**- explanation of actions performed, before, after, or during / during time of the incident.

**How**- summary of how the incident took place

Please send any supporting documentation such as pictures, recordings, etc. to Mamie Phelan

**Submit form to: Mamie Phelan**

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### INCIDENT INVESTIGATION & ANALYSIS

*Completed by both Supervisor & Employee (individual Copies required)*

Accident investigations determine not only what happened, but also how and why. The information gained from these investigations is used to help prevent the recurrence of similar or perhaps more disastrous accidents. The following checkboxes and groupings are provided as a starting point to help assess how and why the accident occurred. These checkboxes should be filled out in conjunction with supplying your own written statement regarding the incident, so that the most complete accident analysis can be performed.

#### 1. Direct Cause: What Directly Happened To Cause The Accident?

- Struck By Or Against Object     Caught In/Under/Between     Fall/Slip/Trip     Material Handling/Lifting
- Repetitive Motion     Chemical Exposure
- Other: \_\_\_\_\_

#### Was the employee (Check all that apply to this investigation):

- |  |   |
|--|---|
| <input type="checkbox"/> In training <input type="checkbox"/> Experienced in the job<br><input type="checkbox"/> Not using the correct tool or equipment<br><input type="checkbox"/> Not using the provided Personal Protective Equipment (PPE)          | <input type="checkbox"/> Not following company procedure/policy<br><input type="checkbox"/> Not using the tool or equipment correctly<br><input type="checkbox"/> Properly Trained for the job<br><input type="checkbox"/> Not practicing proper body mechanics<br><input type="checkbox"/> Tired due to medication |
| <input type="checkbox"/> Not using the PPE correctly<br><input type="checkbox"/> Operating equipment/tools unsafely<br><input type="checkbox"/> Operating equipment at unsafe speeds<br><input type="checkbox"/> Neglecting to get help and over exerted |   |

#### Management Factors

- Training Not Provided
- Poor Communication Regarding Duty Expectations
- Improper Employee Assignment
- Safety Inspection Failure Not Provided
- Inadequate Preventative Maintenance
- Productivity Given Priority Over Safety
- Failure To Recognize Potential Hazards

Other: \_\_\_\_\_

#### Personnel Related

- Insufficient Basic Knowledge Of Work Being Performed
- Inability To Think Decisions Through
- History Of Accidents
- Failure To Recognize Physical Limitations
- Under The Influence Of Drugs Or Alcohol
- Distracted while performing job

Other: \_\_\_\_\_

#### Safety Factors

- Work Between Trades Not Coordinated Properly
- Safe Access Around Site Not Coordinated
- Other Trades Not Working Safely
- General Contractor Failure to Promote an Attitude of working Safety
- Engineering and Design Does Not Account for Safety

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### INCIDENT INVESTIGATION & ANALYSIS

(Lesson Learned & Preventative Measures Moving Forward)

*Completed by both Supervisor & Employee*

What resources and actions could have prevented this incident from happening?  
Describe a preventative plan of action moving forward to avoid this incident from reoccurring.

Area for writing the incident investigation and analysis, consisting of multiple horizontal lines.

Please send any supporting documentation such as pictures, recordings, etc. to Mamie Phelan

Employee Name:

Date:

Supervisor Name:

Signature:

Date

Signature:

Date:

**Incident will be reviewed and signed by all of Safety Committee Members.**

**Submit form to: Mamie Phelan**

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