

Issue Date: 08/07/2023 Revision Date: 02/20/2025

## **First Report of Incident**

Form Number LLCF-001

Last Name		First 1	Name		Job '	Title	Contact Number
General Information							
<b>Incident Type:</b>	□ Reco	ord Only	□ En	nvironmenta	l Incident		lness
	□ Near	r Miss	□ Pro	operty / Equ	iipment D	amage 🗆 I1	njury
			T 4	□ Ons	hore	Customer I	Facility:
Date of Incident	Time of I	ncident	Location:	□ Offs	shore	GIS I	Facility: □
					Does	Incident Involve	e □ No
GIS Compan	y	GIS Dep	partment or Di	ivision		an SSE?	☐ Yes
		-				Incident Involve	
Customer Nan	ne	GIS Facility or Customer Location			:	a Subcontractor?	' □ Yes
<b>Incident Description</b>							
Injury or Illness							
			V* 4 N/		D.	- and 11	TO THE GOOD
Injury or Illness  Employee Last N	ame	Emplo	oyee First Nan	me .	Da	te of Birth	Last 4 Digits of SSN
Employee Last N	ame						
	ame		oyee First Nan			te of Birth  Contact Number	Last 4 Digits of SSN  Emergency Contact No.
Employee Last N	Address						
Employee Last N  Job Title	Address	Employee	No. (Ex. DOJO	(20001) City	Employee	Contact Number  State	Emergency Contact No.
Employee Last N  Job Title  Work Schedule:	Address			City	Employee	State  Other:	Emergency Contact No.
Employee Last N  Job Title	Address	Employee	No. (Ex. DOJO	City	Employee	State  Other:	Emergency Contact No.  Postal Code
Employee Last N  Job Title  Work Schedule:  Nature of Illness or	Address       5 & Injury:	Employee	No. (Ex. DOJO  7 & 7	City	Employee	State  Other:  Ex.	Emergency Contact No.  Postal Code  Back, Knee, Finger
Employee Last N  Job Title  Work Schedule:	Address   5 6  Injury:	Employee	No. (Ex. DOJO  7 & 7	City	Employee	State  Other:	Emergency Contact No.  Postal Code  Back, Knee, Finger
Employee Last N  Job Title  Work Schedule:  Nature of Illness or	Address   5 6  Injury:	Employee  & 2   Ex. Cold, Discom	No. (Ex. DOJO  7 & 7	City	Employee	State  Other:  Ex.	Postal Code  Back, Knee, Finger  edic)
Employee Last N  Job Title  Work Schedule:  Nature of Illness or	Address   5 6  Injury:	Employee  & 2   Ex. Cold, Discom	No. (Ex. DOJO  7 & 7	City	Employee	State  Other:  Ex.  Onsite (Facility McClinic Evaluation 1	Postal Code  Back, Knee, Finger edic)  Needed
Employee Last N  Job Title  Work Schedule: Nature of Illness or  Affected Side of Boo	Address   5 6  Injury:	Employee  & 2   Ex. Cold, Discom	No. (Ex. DOJO  7 & 7	City	Employee	State  Other:  Ex.  Onsite (Facility McClinic Evaluation 1	Postal Code  Back, Knee, Finger  edic)
Employee Last N  Job Title  Work Schedule:  Nature of Illness or	Address   5 6  Injury:	Employee  & 2   Ex. Cold, Discom	No. (Ex. DOJO 7 & 7  fort, Cut  Treatment	City  14 & Affected t Required:	Employee	State  Other:  Ex.  Onsite (Facility McClinic Evaluation I	Postal Code  Back, Knee, Finger edic) Needed Medevac, EMS, ER)
Employee Last N  Job Title  Work Schedule: Nature of Illness or  Affected Side of Boo	Address   5 6  Injury:	Employee  & 2   Ex. Cold, Discom	No. (Ex. DOJO  7 & 7	City  14 & Affected t Required:	Employee	State  Other:  Ex.  Onsite (Facility McClinic Evaluation 1	Postal Code  Back, Knee, Finger edic) Needed Medevac, EMS, ER)
Employee Last N  Job Title  Work Schedule: Nature of Illness or  Affected Side of Boo	Address   5 6  Injury:	Employee  & 2   Ex. Cold, Discom	No. (Ex. DOJO 7 & 7  fort, Cut  Treatment	City  14 & Affected t Required:	Employee  2: 7    1 Body Pa	State  Other:  Ex.  Onsite (Facility McClinic Evaluation I	Postal Code  Back, Knee, Finger edic) Needed Medevac, EMS, ER)
Employee Last N  Job Title  Work Schedule: Nature of Illness or  Affected Side of Boo	Address    5 6 Injury:	Employee  & 2   Ex. Cold, Discomght or Left	7 & 7  fort, Cut  Treatment	City  14 & Affected t Required:  Ensure the Ensure all	Employee  2: 7    1 Body Pa	State  Other:  Ex.  Onsite (Facility Meclinic Evaluation I Emergency Care (I line been Contacted ambers correct on	Postal Code  Back, Knee, Finger edic) Needed Medevac, EMS, ER) ed. this form.
Employee Last N  Job Title  Work Schedule: Nature of Illness or  Affected Side of Boo	Address    5 de   Injury:	Employee  & 2   Ex. Cold, Discomght or Left	7 & 7  Treatment	City  14 & Affected t Required:  Ensure the Ensure all If this is a scould have	Employee  2: 7   1  1 Body Pa	State  Other:  Ex.  Onsite (Facility Medianic Evaluation In Emergency Care (In Inc.)  Clinic been Contacted ambers correct on increase of the contact of the	Postal Code  Back, Knee, Finger edic) Needed Medevac, EMS, ER)  ed. this form. F) or is a near miss that ll safety paperwork