



Issue Date: 08/07/2023

Revision Date: 02/20/2025

First Report of Incident

Form Number
LLCF-001

Person Filing Report

_____	_____	_____	_____
Last Name	First Name	Job Title	Contact Number

General Information

Incident Type: <input type="checkbox"/> Record Only	<input type="checkbox"/> Environmental Incident	<input type="checkbox"/> Illness
<input type="checkbox"/> Near Miss	<input type="checkbox"/> Property / Equipment Damage	<input type="checkbox"/> Injury
_____	Location: <input type="checkbox"/> Onshore	Customer Facility: <input type="checkbox"/>
Date of Incident _____	<input type="checkbox"/> Offshore	GIS Facility: <input type="checkbox"/>
_____	Does Incident Involve	<input type="checkbox"/> No
GIS Company _____	an SSE?	<input type="checkbox"/> Yes
_____	Does Incident Involve	<input type="checkbox"/> No
Customer Name _____	a Subcontractor?	<input type="checkbox"/> Yes
_____	GIS Department or Division	
_____	GIS Facility or Customer Location	

Incident Description

Injury or Illness

_____	_____	_____	_____
Employee Last Name	Employee First Name	Date of Birth	Last 4 Digits of SSN
_____	_____	_____	_____
Job Title	Employee No. (Ex. DOJ0001)	Employee Contact Number	Emergency Contact No.
_____	_____	_____	_____
Address _____	City _____	State _____	Postal Code _____
Work Schedule: <input type="checkbox"/> 5 & 2 <input type="checkbox"/> 7 & 7 <input type="checkbox"/> 14 & 7 <input type="checkbox"/> Other: _____	Nature of Illness or Injury: _____		
Affected Side of Body: _____		Affected Body Part: _____	
_____		_____	
_____		_____	
Treatment Required: <input type="checkbox"/> Onsite (Facility Medic)		_____	
<input type="checkbox"/> Clinic Evaluation Needed		_____	
<input type="checkbox"/> Emergency Care (Medevac, EMS, ER)		_____	

Checklist



- Ensure the HSE Hotline been Contacted.
- Ensure all contact numbers correct on this form.
- If this is a serious injury or fatality (SIF) or is a near miss that could have resulted in a SIF, include all safety paperwork such as JSEAs, pictures, and statements.

Submit this form to: incident@gisy.com