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|-----------------------------|---------------------|------------------------|-------------------------|
| Form Number LLCF-001 | Issue Date 11/27/95 | Revision Date 01/01/24 | Form Number LLCF-001 |
| Incident / Near Miss | | | |

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|--------------------------|--------------------|---------------------------|---------|--------------------------|---------------|--------------------------|-----------|
| 1 | REPORT TYPE | FOR INCIDENTS ONLY | | | | | |
| <input type="checkbox"/> | Incident | <input type="checkbox"/> | Injury | <input type="checkbox"/> | Record Only | <input type="checkbox"/> | Property |
| <input type="checkbox"/> | Near Miss | <input type="checkbox"/> | Illness | <input type="checkbox"/> | Environmental | <input type="checkbox"/> | Equipment |

| | | | | | | | | | | | |
|--------------------------|---------------------|--------------------------|------------|--------------------------|--------------------|--------------------------|------------------------|--------------------------|-----------|--------------------------|------|
| 2 | COMPANY NAME | | | | | | | | | | |
| <input type="checkbox"/> | GIS | <input type="checkbox"/> | Blanchard | <input type="checkbox"/> | GIS Engineering | <input type="checkbox"/> | Industrial Scrapmetals | <input type="checkbox"/> | GWIS | <input type="checkbox"/> | MODS |
| <input type="checkbox"/> | ValveMax | <input type="checkbox"/> | Aerobotics | <input type="checkbox"/> | Max Steel & Supply | <input type="checkbox"/> | NuWave | <input type="checkbox"/> | Discovery | | |

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|--------------------------------------|---|-----------------------------|-----------------------------|---|--|
| 3 | INCIDENT / NEAR MISS INFORMATION | | | | |
| GIS, LLC Company Name: | | | Reported By: | | |
| Date: | Time: | <input type="checkbox"/> AM | <input type="checkbox"/> PM | <input type="checkbox"/> Sub-Contractor | |
| Customer: | | | Location: | | |
| DESCRIPTION OF INCIDENT OR NEAR MISS | | | | | |

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|--|-------------------------------|----|---|--|--|
| 4 | ADDITIONAL INFORMATION | | | | |
| CAUSATION: <input type="checkbox"/> Unsafe Act / Use of Equipment <input type="checkbox"/> Unsafe Condition <input type="checkbox"/> Not Applicable | | | NATURE OF ILLNESS/INJURY: IF APPICABLE. (Shoulder, Back, Cold, ETC.) | | |
| | | | ANY WITNESSES: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | 1) | | |
| | | | 2) | | |
| | | 3) | | | |

| | | | | | |
|------------|--|------|---|-------------|--|
| 5 | EMPLOYEE INFORMATION (Complete ONLY if Injured, Illness or Record Only) | | | | |
| Name: | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| Address: | | | | | |
| Phone: | | DOB: | | Last 4 SSN: | |
| Job Title: | | | Home Department: | | |

| | | | | | |
|---|-------------------|--|-------|--|--|
| 6 | COMPLETION | | | | |
| Safety Stand Down Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Date: | | |
| Company Designated Representative: | | | Time: | | |

