Form Number LLCF-001	Issue Date 11/27/95	Revision Date 06/15/21	Form Number LLCF-001
	Incident / Near Miss		

1	**REPORT TYPE**	**FOR INCIDENTS ONLY**		
	☐ Incident	☐ Injury	☐ Record Only	☐ Property
	☐ Near Miss	☐ Illness	☐ Environmental	☐ Equipment

2	**COMPANY NAME**			
☐ GIS	☐ Blanchard	☐ GIS Engineering	☐ Industrial Scrapmetals	
☐ MODS	☐ Aerobotics	☐ Max Steel & Supply	☐ GWIS	☐ NuWave

3	**INCIDENT / NEAR MISS INFORMATION**		
	GIS, LLC Company Name:		Reported By:
	Date:	Time: ☐ AM ☐ PM	☐ Sub-Contractor
	Customer:	Location:	
	DESCRIPTION OF INCIDENT OR NEAR MISS		

4	**ADDITIONAL INFORMATION**	
	CAUSATION: ☐ Unsafe Act / Use of Equipment ☐ Unsafe Condition ☐ Not Applicable	NATURE OF ILLNESS/INJURY: IF APPICABLE. (Shoulder, Back, Cold, ETC.)
		ANY WITNESSES: ☐ Yes ☐ No
		1)
		2)
		3)

5	**EMPLOYEE INFORMATION** **(Complete ONLY if Injured, Illness or Record Only)**		
	Name:		☐ Male ☐ Female
	Address:		
	Phone:	DOB:	Last 4 SSN:
	Job Title:	Home Department:	

6	**COMPLETION**	
	Safety Stand Down Completed: ☐ Yes ☐ No	Date:
	Company Designated Representative:	Time:

SUBMIT TO:
incident@gisy.com

Only if **NO** internet is available
fax to: **985.475.7946**