

Form Number LLCF-045	Issue Date 03/17/16		Revision Date 06/15/23		Form Number LLCF-045
	Incident / Injury Summary Report				

Incident ID:		Incident Date:		Date of Report:			
Incident Location:			Incident Region:				
Investigation Team Members							
1.		4.		7.			
2.		5.		8.			
3.		6.		9.			
Type of Incident:							
Near Miss		Injury / Illness		Crane / Equipment	Type:		
Vehicle Accident		Property Damage		Other (Specify)	Type:		
Precise details of location:							
Number of individuals involved:			Directly Involved:		Witnesses:		
Time of Incident:			Time on Duty :		Hrs.-		
Days.-							
Incident Description: <i>(facts only, no assumptions, conclusions, or recommendations)</i>							
Unplanned Event:							
Root Cause(s)			Associated System(s)				
Contributing Factors							
No.	Effective Solutions	Level	Completed		Person Responsible for Completion	Status	Date Closed
			Y	N			

*Level of Corrective Action Plan (CAP)

0 = Speech: Slogans; Remind people of what they already know

1 = One time action; Fixed something one time

2 = Site Action: Solution; Policy Change; and Ability to measure effectiveness

3 = Corporate Action: Policy or process change across organization