

Form Number LLCF-045	Issue Date 03/17/16	Revision Date 01/01/24	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