

Form Number LLCF-045	Issue Date 03/17/16		Revision Date 01/15/25		Form Number LLCF-045
	<b>Incident / Injury Summary Report</b>				

<b>Incident ID:</b>		<b>Incident Date:</b>		<b>Date of Report:</b>			
<b>Incident Location:</b>			<b>Incident Region:</b>				
<b>Investigation Team Members</b>							
<b>1.</b>		<b>4.</b>		<b>7.</b>			
<b>2.</b>		<b>5.</b>		<b>8.</b>			
<b>3.</b>		<b>6.</b>		<b>9.</b>			
<b>Type of Incident:</b>							
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.-							
<b>Incident Description:</b> <i>(facts only, no assumptions, conclusions, or recommendations)</i>							
<b>Unplanned Event:</b>							
<b>Root Cause(s)</b>			<b>Associated System(s)</b>				
<b>Contributing Factors</b>							
<b>No.</b>	<b>Effective Solutions</b>	<b>Level</b>	<b>Completed</b>		<b>Person Responsible for Completion</b>	<b>Status</b>	<b>Date Closed</b>
			<b>Y</b>	<b>N</b>			

\*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