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|-------------------------|---|------------------------|-------------------------|
| Form Number LLCF-045 | Issue Date 03/17/16 | Revision Date 01/15/26 | Form Number LLCF-045 |
| | Incident / Injury Summary Report | | |

GIS Company Name: _____

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|---------------------------|--|-----------------------|-------------------------|------------------------|--|
| 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: *(facts only, no assumptions, conclusions, or recommendations)*

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Unplanned Event:

| Root Cause(s) | Associated System(s) |
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Contributing Factors

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| No. | Effective Solutions | Level | Completed | | Person Responsible for Completion | Status | Date Closed |
|-----|---------------------|-------|-----------|---|-----------------------------------|--------|-------------|
| | | | Y | N | | | |
| | | | | | | | |
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*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