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|  | **BPA Safety Office Use Only: Case Number:** |  |
| **Authority**: 5 U.S.C. 301; Department of Energy Organization Act; Executive Order 12009.  **Purpose**: BPA will use this information to document and analyze incidents resulting in injury and develop appropriate corrective action.  **Routine Uses**: A record from this system may be disclosed to physicians who treat injured or ill employees and the Department of Labor to maintain a record of occupational injuries or illnesses. A record in this system may be disclosed to the appropriate local, state, or federal agency when the records alone, or in conjunction with other information, indicate a violation or potential violation of law, whether civil, criminal, or regulatory in nature. A record from this system may be disclosed for the purpose of an investigation, settlement of claims, or the preparation and conduct of litigation. Additional routine uses of the information contained in this record are listed in DOE-38.  **Disclosure**: Compliance is voluntary; however, failure to furnish this information may delay or preclude the pursuit of corrective action | | |

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| **Instructions: Complete and submit one copy each to: 1-Project Manager; 2-Contracting Office; 3-Safety Office** | | | | | | | | | | | | | | |
| **A. Information Regarding Injured Contractor** | | | | | | | | | | | | | | |
| 1. Job Title | | | | 2. Name and Address of Contracting Company | | | | | | | | | | |
|  | | | |  | | | | | | | | | | |
| 3. BPA Org Code Contractor assigned to | | | | | 4. Name of Project Involved | | | | | | | 5. Location of Accident | | |
|  | | | | |  | | | | | | |  | | |
| 6. Contract Number | | 7. Date of Accident *(Month, Day, Year)* | | | | 8. Time of Accident *(Specify AM/PM)* | | | | | 9. Time Contract Employee Began Work *(Specify AM/PM)* | | | |
|  | |  | | | |  | | | | | Hour **00:00** Minute **00:00** AM  PM | | | |
| 10. Occupation Status *(Check One)* | | | | | | | 11. Incident Type | | | | | | 12. Injury Type | |
|  | (a) Contractor | | (b) If Contractor, Date of Employment | | | |  | | (a) Injury | | | |  | (a) Fatal |
|  | (c) 3rd Party | |  | | | |  | | (b) Property Damage | | | |  | (b) Recordable |
|  | | |  | | (c) Property Damage (3rd Party) | | | |  | (c) Lost Time |
| **13. INJURY RECORDED IN CONTRACTOR’S OSHA 300 LOG?** | | | | | | | | Yes | | No | | | | |
| 14. What was the Contract Employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the Contract Employee was using. Be specific. *(****Examples:*** *“climbing a ladder while carrying materials”, “spraying chlorine from a hand sprayer”, ‘daily computer key-entry.”)* | | | | | | | | | | | | | | |
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| 15. What Happened? Explain how the injury or incident occurred. ***Examples:*** *“When ladder slipped on wet floor, worker fell 20 feet”. “Worker was sprayed with chlorine when gasket broke during replacement”, “Worker developed soreness in wrist over time.”* | | | | | | | | | | | | | | |
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| 16. What was the injury or illness? Explain the part of the body that was affected and how it was affected; be more specific than “hurt,” “pain,” or “sore.” ***Examples:*** *“strained back”, “chemical burn, hand”, “carpal tunnel syndrome.”* | | | | | | | | | | | | | | |
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| 17. What object, circumstance, or substance directly harmed the Contract Employee? ***Examples:*** *“Impact with object”, “chemical exposure”, “radial arm saw.” If this question does not apply to the incident, leave blank or not applicable.* | | | | | | | | | | | | | | |
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**Retain for 10 years and then dispose. (Source: PE-53-17, Retention Schedule: N1-305-07-1-14/c)**

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| **THE FOLLOWING TO BE COMPLETED BY CONTRACT EMPLOYEE’S SUPERVISOR** | |
| **B. INFORMATION REGARDING 3RD PARTY PROPERTY DAMAGE** | |
| 1. Name of Property Owner | 2. Address of Property Owner |
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| 3. Description and Location of Property | 4. Nature and Extent of Damage |
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| **C. INFORMATION ABOUT THE PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL** | |
| 1. Supervisory Opinion *(How could accident have been prevented) (Please state Who, What, Where and How)* | |
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| 2. Please Attach Any Witness Reports ***(Place cursor In row (space) below; Toolbar, Insert, File)*** | |

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| 3. Signature *(Foreman or Immediate Supervisor)* | a. Title | b. Phone Number | c. Date |

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| 4. Preventative Action Taken *(Action taken to prevent a recurrence.)* | |
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| 5. Signature *(CO, COTR or Inspector)* | a. Date |

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