WRIGHT BROTHERS
THE BUILDING COMPANY

Incident/Near Miss Report

Revised 6-1-21

This form shall be completed within one hour of any incident, injury, first aid, auto accident, equipment damage, near misses, including subcontractors and the public.

Email or text to: the Risk/Safety Department (208) 985-6487 jviernes@wbtbc.com

Date of Incident: _____

Time of Incident: _____☐AM ☐PM

Time Worker Started work: _____ Worker's Hire Date: _____

Date Worker Reported Incident:_____

Location of Incident: (Address/City/State): _____

Name of person(s) involved: _____

Name of employer of person involved: _____

Supervisor's Name: _____ Phone Number: _____

Manager's Name: _____ Phone Number: _____

Witness(es) Name: _____ Phone Number _____

Witness(es) Name: _____ Phone Number _____

Brief Description of incident: _____

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Written By: _____

POST INCIDENT DRUG TEST: ☐ Yes ☐ No Date Tested: _____ If **no, explain why:** _____

Additional Information:

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SECTION 1. Type of Incident: (check one)

- ☐ Automobile Auto/Truck Damage
- ☐ Automobile Injury
- ☐ Environmental
- ☐ Equipment Damage
- ☐ Equipment Damage (Over $5K)
- ☐ First Aid Only
- ☐ General Liability – Owner Property Damage
- ☐ General Liability – Owner Property Damage (Over $5K)
- ☐ Injury at work
- ☐ Misc. - Theft, Weather, Natural Disaster Damage, and Auto
- ☐ Near Miss
- ☐ Threats (Bomb, Security, Domestic, Workplace Violence)
- ☐ **Other**

SECTION 2. Category of Injury: (check one)

- ☐ Big 3 Auto (auto collisions)
- ☐ Burns
- ☐ Caught in Between
- ☐ Cut, Puncture, Scrape
- ☐ Foreign Body in Eye
- ☐ General – Not otherwise listed
- ☐ Slips, Trips, Falls
- ☐ Soft tissue
- ☐ Striking Against/Stepping On
- ☐ Struck By
- ☐ Struck by other vehicle
- ☐ Other

_____

SECTION 3. Body Part(s): (check all that apply)

- ☐ Abdomen
- ☐ Arms
- ☐ Back
- ☐ Chest
- ☐ Eye(s)
- ☐ Feet/Toes
- ☐ Hand(s)/Fingers
- ☐ Head
- ☐ Leg(s)
- ☐ Neck
- ☐ Shoulder
- ☐ Thigh
- ☐Other/Multiple _____