

CONTRACTOR'S LOST TIME ACCIDENT REPORT

This form must be forwarded to the Project Engineer's Office within 24 hours from time of injury.

<p>PURPOSE: information in this report is to be used for the prevention of accidents and is not intended as a basis for injury claims. In counting time lost, start with the first full day or shift lost after date of injury and exclude weekends and Holidays.</p> <p>USE: this report will be used to determine requirements for accident prevention and correction of hazardous conditions.</p> <p>WHEN: a report is necessary for each lost time injury that arises out of or occurs in the course of employment.</p>	<p style="text-align: center;"><u>DWR Routing</u></p> <p>Original: Project Engineer</p> <p>Duplicate Copy: Chief, Project Safety Office</p>
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Contractor	Spec. No.	Date Of This Report
Subcontractor	Location	
Name	Age	Occupation
Wage	How Long Employed?	Remarks (Previous Injuries, Etc.)

Describe Injury

Exact Place Where Injury Occurred

Date of Injury	Time
Started Losing Time (Never date of injury)	Did injury result in death or probable permanent disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Return to Work (Date)*	
Work Days Lost*	Date of Death

*Estimate date of return to duty to avoid delay in submitting request.

Describe Accident (Not injury)

Type of Accident

1. <input type="checkbox"/> Accident type Not Reported	8. <input type="checkbox"/> Caught in or Between
2. <input type="checkbox"/> Struck by Falling or Moving Object	9. <input type="checkbox"/> Vehicular
3. <input type="checkbox"/> Striking Against	10. <input type="checkbox"/> Inhalation, Absorption, Ingestion
4. <input type="checkbox"/> Strain or Overexertion	11. <input type="checkbox"/> Contact with Temperature Extremes
5. <input type="checkbox"/> Foreign Substance in Eye	12. <input type="checkbox"/> Explosion
6. <input type="checkbox"/> Slip or Fall on Same Level	13. <input type="checkbox"/> Contact with Electric Current
7. <input type="checkbox"/> Fall to Different Level	14. <input type="checkbox"/> Other Accident Type

Action Taken to Prevent Recurrence

Contractor's Project Engineer or Manager 	DWR -- Chief, Project Safety Office
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