State of California DEPARTMENT OF WATER RESOURCES California Natural Resources Agency

CONTRACTOR'S LOST TIME ACCIDENT REPORT

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

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. **USE**: this report will be used to determine requirements for accident prevention and correction of hazardous conditions. **WHEN**: a report is necessary for each lost time injury that arises out of or occurs in the course of employment.	**DWR Routing** **Original:** Project Engineer **Duplicate Copy:** Chief, Project Safety Office

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

Action Taken to Prevent Recurrence

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