ACCIDENT/INCIDENT REPORT

******IMPORTANT***** **All** blanks must be complete – use n/a if not applicable.

Employee Name:		Date of Incident:
Employer (if not T.A. Woods Company)		
Time of Occurrence: AM PM		Occupation:
Division:	Hire Date:	Time on Present Job:
Jobsite Name:		Jobsite Address:
Description How Injury or Property Damage Occurred:		
Police Report? No Yes If yes, Police report #?		Were photos taken? No Yes If yes, send photos.
Company Vehicle Involved? No Yes	Vehicle #	Make & Year
Describe type of Injury/Property Damage: Note: If company vehicle is involved, complete Driver's Accident Report		
Witness		Employer
What task was person performing (i.e. erection, dismantle, daisy chain, etc.)?		
What Equipment was involved (system, frame, part #, etc.)?		
Do we have items in our possession? No Yes		Who was T.A. Woods Foreman/Supervisor?

Send names, phone numbers of anyone else (client, owner, etc.) who made a report or did an investigation.

Has Safety been Notified? (910) 452-7900 No Yes ⟶ *If Yes: Date & Time?*

First Aid?
No Yes

****Note: If medical treatment needed/provided, supervisor must complete the Accident Reporting/Treatment Form****

Investigating Supervisor:	Date:
Division Manager:	Date:

*** Please send report to Safety Manager.*

Exhibit 5A