

Contractor Accident Notification Form

Submit thru: Local Corps of Engineers Field Office

To: Fort Worth District Safety Office

Cc: The other appropriate office (Operations Division, OPM, E&C Division, Program Office, Area Office)

Name of Person Reporting:

Phone number:

Name of QA:

Accident Information

Date of Accident:

Time:

Installation / Project / Lake Name:

or Other:

Exact Location (Bldg., Room, Area, Etc.):

Project Title:

Contract Number:

Prime Contractor:

Subcontractor:

Accident Classification

Contractor☐**/Subcontractor**☐**:**

Personal Injury Accident ☐

Lost Time: ☐Yes ☐No : If yes, number of lost work days.

Restricted or light duty: ☐ Yes ☐ No: If yes, number of days.

Fatality ☐

Contractor Property Damage ☐

ADDITIONAL REPORTS:

- ☐ ~~///~~ENG Form 3394 is required for any accident with Medical Treatment beyond first aid and is due in Safety Office within 5 days.
- ☐ Attach Activity Hazard Analysis for All.

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Estimated Dollar Amount: \$

Employee Name:

Job Position:

Detailed Description of Accident:

Recommended corrective Action to include AHA:

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