Contractor Name: ____________________________
Date of Incident: ____________________________
Project Name & Location: ______________________
Body Part Injured (be specific): __________________
Injury Code (see legend at right): ________________
Witness Names (if any): ________________________

Description of Incident (include weather conditions if appropriate):

Equipment Damage (if any):

Describe First Aid or Medical Treatment:

Contributing Factor(s):

Most Important Contributing Factor:

Corrective Action(s) [provide expected completion date for each corrective action]:

Report Prepared By: __________________________ JEA Project Manager: __________________________
(Print) (Print)

All incidents are to be reported to your JEA Project Manager. Your JEA PM will forward to Safety.