Appendix 7.9

In an attempt to streamline the incident reporting process, this incident report has been pre-populated in certain cells through the use of drop-down boxes. For those who want to fill out this form manually, we have highlighted the drop-down fields and added the floating notes to aid you in choosing the correct response. These changes also facilitate proper collection of information for Webcare input. BEFORE SENDING THE COMPLETED FORM, REMOVE THIS PAGE OF INSTRUCTIONS... SEND ONLY THE TWO-PAGE REPORT. (To remove instructions, highlight everything on the instructions page and press the Delete key, which brings the first page of the form forward.)

These are the areas that have the drop-down boxes and lists of their choices:

- **CMA – Construction Management / Agency**
- **CMC – Construction Management / Cost Plus**
- **CMG – Construction Management / Guar Max Price**
- **COL – Consulting / Lump Sum**
- **CON – Consulting – Other**
- **DBC – Design Build / Cost Plus**
- **DBG – Design Build / Guar Max Price**
- **DBL – Design Build / Lump Sum**
- **FC – Facilities Consulting**
- **GCC – General Contractor / Cost Plus**
- **GCG – General Constructor / Guar Max Price**
- **GCL – General Contractor / Lump Sum**
- **OTH – Other**
- **PM – Program Management**
- **PME – Program Management / Staff Extension**
- **PML – Program Management / Lump Sum**

- **General Conditions**
  - Site Work
  - Masonry
  - Wood and Plastics
  - Doors/Windows
  - Specialties
  - Furnishings
  - Conveying Systems
  - Electrical
  - Fire Protection

- **Part of Body Affected**
  - Arm
  - Chest
  - Eyes
  - Face
  - Foot
  - Hand
  - Head/Neck
  - Leg
  - Shoulders
  - Torso
  - Abdomen

- **Type of Injury / Illness**
  - Laceration
  - Amputation
  - Burn
  - Dermatitis
  - Internal Injuries
  - Repetitive Motion
  - Avulsion
  - Fracture
  - Contusion
  - Animal/Insect Bite
  - Puncture
  - Foreign Object in Eye
  - Illness
  - Strain/Sprain
  - Respiratory

- **Date of Occurrence**

- **Injury or Illness**

- **Nature of Injury / Illness**

- **Type of Incident that Caused Injury**

- **Object / Equipment / Substance Associated with Injury**

- **Incident Classification**

- **Type of Risk Program**

- **Trade Package**

- **Company**

- **Trade**

- **Age and Years Experience**

- **Property Condition**

- **Damage**

- **Documentation Only**

- **Near Miss**

- **Property Damage**

- **First Aid**

- **OSHA Recordable**

- **OSHA Recordable w/ days on restriction**

- **OSHA Recordable w/ days on transfer**

- **OSHA Recordable w/ days away**

- **Fatality**

- **Completed within 24 hours after the incident.**

SF32 (R)9/2007 MW2003

Submit all forms to: Office EH&S Manager
Principal in Charge

Page 1
Incident Investigation Report

Company: Bovis Lend Lease  Project Number:       Region: Americas

Principal in Charge:       Project Name:       

Exact Location (Name, Dept, Road/Street, Customer):       Date of Incident:       

Time:       Date Reported:       

City/State:       Project Phone Number:       

Type of Risk Program:       ---       If other, state type of risk program:       

Complete columns 1, 2, or 3 as applicable.

<table>
<thead>
<tr>
<th>1 Injury or Illness</th>
<th>2 Property Damage (Vehicle, Building, Equipment)</th>
<th>3 Other Incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Injured</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Company</td>
<td>Company</td>
<td>Company</td>
</tr>
<tr>
<td>Trade Package</td>
<td>Trade Package</td>
<td>Trade Package</td>
</tr>
<tr>
<td>Age and Years Experience</td>
<td>Nature of Damage</td>
<td>Damage Estimate</td>
</tr>
<tr>
<td>Trade</td>
<td>Damage Estimate</td>
<td>Object/Equipment/Product Associated with Loss</td>
</tr>
<tr>
<td>Part of Body Affected</td>
<td>Object/Equipment/Substance Inflicting Damage</td>
<td>Government Report(s) Prepared (FDA, EPA)</td>
</tr>
<tr>
<td>Nature of Injury/Illness</td>
<td>Government Report(s) Prepared (DOT, etc)</td>
<td></td>
</tr>
<tr>
<td>Type of Incident that Caused Injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Object/Equip/Substance Associated with Injury</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Incident Classification | No. of days | If employee died, date of death? |
|---|---|---|

Type of Service:       ---       

If Bovis Lend Lease Employee:

Date of Birth:       Employee ID#:       Marital Status:       

Date of Hire:       Job Title:       Time Started Work:       

Address:       Date Returned to Work:       

Telephone No.:       

Name of Medical Provider:       Was employee treated in an Emergency Room?       No | Yes |

Address of Medical Provider:       Was employee hospitalized overnight as an in-patient?       No | Yes |

If Sub-Contractor Employee or Public:

Date of Birth:       Telephone:       Marital Status:       

Address:       Time Started Work:       Date Returned to Work:       

Name of Medical Provider:       Was employee treated in an Emergency Room?       No | Yes |

Address of Medical Provider:       Was employee hospitalized overnight as an in-patient?       No | Yes |
What was the employee doing just before the incident occurred?
(Describe the activity, as well as the tools, equipment or material the employee was using. **BE SPECIFIC**)
(EXAMPLES: “climbing a ladder while carrying roofing materials”; “spraying chlorine from hand sprayer”)

What happened?
(Tell us how the injury occurred. **BE SPECIFIC**)
(EXAMPLES: “When ladder slipped on wet floor, worker fell 20 feet”; “Worker was sprayed with chlorine when gasket broke during replacement”)

| Witness: Name: | |
| City, State, Zip: | |
| Phone: | |

**Attach Witness Statement**

| Witness: Name: | |
| City, State, Zip: | |
| Phone: | |

**Attach Witness Statement**

| Witness: Name: | |
| City, State, Zip: | |
| Phone: | |

**Attach Witness Statement**

| Police Dept. Responding Name: | |
| Precinct: | Badge Number: |

Investigated by: Date: Reviewed By: Date:

| Title: | |
| Mobile Contact Number: | Mobile Contact Number: |
| E-Mail: | E-Mail: |

**Attach First Report of Injury (WC Form), photos, diagrams, witness statements.**
**URGENT FLASH REPORT**
For Immediate Direct Communication

**Type of Incident:**

**Distribution:**

**Region / Business Unit – Americas**

<table>
<thead>
<tr>
<th>Project Information</th>
<th>Name of BLL Manager Responsible for the Project</th>
<th>Date of Incident</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Address</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PIC / Country Manager - Name and Phone Number</th>
<th>Project Mgr. / Superintendent - Name and Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BLL EH&amp;S Liability (Check)</th>
<th>Statutory</th>
<th>Contractual</th>
<th>Reputational</th>
<th>Nil</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Injured Person</th>
<th>Age</th>
<th>Nationality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employing Company</th>
<th>Trade / Profession</th>
<th>To whom is the Employing Company contracted?</th>
</tr>
</thead>
</table>

**Nature of Incident / Injury**

**Cause of Incident**
Enforcing Authorities

<table>
<thead>
<tr>
<th>Is the Incident notifiable to the enforcing authorities (Yes / No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>If required have they been notified (Yes / No)</td>
</tr>
<tr>
<td>Have the enforcing authorities taken any action (if yes describe actions taken)</td>
</tr>
</tbody>
</table>

EH&S Responsibilities

(Overview of project type, BLL role on project, contractual relationship and scope with Client, BLL relationship to injured persons employer)

Actions Taken

Additional Comments

Definitions of Incidents Requiring Flash Reports

- Fatality
- Fracture of the skull, spine or pelvis, or multiple fractures
- Amputation of hand or foot or multiple fingers or toes
- Taken to hospital unconscious
- Serious environmental pollution incident
- Fall of material that could have resulted in a fatality
- A significant incident involving a public interface
- Loss of sight or penetrating injury to an eye
- Any other life endangering injury
- Major fire

Serious potentially life endangering event such as:

- Major collapse of structural work
- Collapse of form work or construction plant
- Fall in excess of 3.0m / 10 ft