

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:

Type of Risk Program		OCIP CCIP CORP Other
1 Injury or Illness		
Name of Injured	Male Female	Property D
Company		Company
Trade Package		Trade Pac
Age and Years Experience		Nature of I
Trade		Damage E
Part of Body Affected		Object/Equ
Nature of Injury/Illness		Governme
Type of Incident that Caused Injury		<input type="checkbox"/> Yes <input type="checkbox"/>
Object/Equip/Substance Associated with Injury		
Incident Classification		No. of d
Type of Service		

General Conditions
Concrete
Metal
Thermal/Moisture Protection
Finishes
Equipment
Special Construction
Mechanical
Plumbing

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

Arm
Chest
Face
Hand
Leg
Torso

Back
Eyes
Foot
Head/Neck
Shoulders
Abdomen

Laceration
Burn
Internal Injuries
Avulsion
Contusion
Puncture
Illness
Respiratory

Amputation
Dermatitis
Repetitive Motion
Fracture
Animal/Insect Bite
Foreign Object in Eye
Strain/Sprain

Strike Against
Motor Vehicle
Struck By

Slip/Trip
Fall on Same Level
Fire

Assault
Caught Between
Fall from Elevation

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 Contractor / Guar Max Price
GCL – General Contractor / Lump Sum
OTH – Other
PM – Program Management
PME – Program Management / Staff Extension
PML – Program Management / Lump Sum

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.

Company Bovis Lend Lease		Project Number: _____		Region: Americas	
		<input type="checkbox"/> Bovis Lend Lease Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Public			
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.					
1 Injury or Illness		2 Property Damage (Vehicle, Building, Equipment)		3 Other Incidents	
Name of Injured _____		Property Damaged _____		Nature of Incident _____	
<input type="checkbox"/> Male <input type="checkbox"/> Female		Company _____		Company _____	
Company _____		Trade Package ---		Trade Package ---	
Trade Package ---		Age and Years Experience		Damage Estimate	
Age and Years Experience		Nature of Damage _____		Object/Equipment/Product Associated with Loss	
Trade		Damage Estimate		Government Report(s) Prepared (FDA, EPA) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Part of Body Affected --- --- ---		Object/Equipment/Substance Inflicting Damage _____			
Nature of Injury/Illness --- --- ---		Government Report(s) Prepared (DOT, etc) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of Incident that Caused Injury ---					
Object/Equip/Substance Associated with Injury _____					
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?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Address of Medical Provider: _____		Was employee hospitalized overnight as an in-patient?		<input type="checkbox"/> No <input type="checkbox"/> 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?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Address of Medical Provider: _____		Was employee hospitalized overnight as an in-patient?		<input type="checkbox"/> No <input type="checkbox"/> 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")*

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

Attach Witness Statement

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

Attach Witness Statement

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

Attach Witness Statement

Police Dept. Responding Name:	
Precinct:	Badge Number:

Investigated by:	Date:	Reviewed By:	Date:
Title:		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

Project Information	Name of BLL Manager Responsible for the Project	Date of Incident	Time
Project Number			
Project Name			
Project Address			

PIC / Country Manager - Name and Phone Number	Project Mgr. / Superintendent - Name and Phone Number

BLL EH&S Liability (Check) Statutory Contractual Reputational Nil

Name of Injured Person	Age	Nationality

Employing Company	Trade / Profession	To whom is the Employing Company contracted?

Nature of Incident / Injury

Cause of Incident



Bovis

Lend Lease

Enforcing Authorities

Is the Incident notifiable to the enforcing authorities (Yes / No)	
If required have they been notified (Yes / No)	
Have the enforcing authorities taken any action (if yes describe actions taken)	

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