

Contractor Significant Incident Report (CSIR-1)

Report Date:	Contracting Activity/ROICC Office
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1. Accident Classification:

Injury
 Illness
 Fatality
 Property Damage
 Procedural Issues
 Environmental

Involving:

Hazardous Materials
 Electrical
 Equip/Motor Vehicle/ Material Handling
 Diving
 Falls
 Confined Space
 Crane/Rigging
 Trenching/Entrapment
 Fire
 Other
 Waterfront Operations
 Demolition/Renovation

2. Personal Data:

A. Name (Last, First, M.)	B. Age	C. Sex	D. Social Security Number
E. Job Description/Title	F. Employed By		G. Supervisor's Name

3. Witness Data (Attach Witness Summary Statements to Report):

A. Name (Last, First, M.)	B. Age	C. Sex
D. Job Description/Title	E. Employed By	

4. General Information:

A. Date of Accident (Month/Day/Year)	B. Time of Accident	C. Exact Location of Accident	D. Type of Construction Equipment (Make, Model, Serial Number, Vin #)														
E. Contract Number/Title	F. Construction Activity SIC		G. Hazardous Material Spill/Release														
H. Type of Contract <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; border: 1px solid black; height: 15px;"></td><td>Construction</td></tr> <tr><td style="border: 1px solid black; height: 15px;"></td><td>A/E</td></tr> <tr><td style="border: 1px solid black; height: 15px;"></td><td>Service</td></tr> <tr><td style="border: 1px solid black; height: 15px;"></td><td>RAC</td></tr> <tr><td style="border: 1px solid black; height: 15px;"></td><td>CLEAN</td></tr> <tr><td style="border: 1px solid black; height: 15px;"></td><td>JOC</td></tr> <tr><td style="border: 1px solid black; height: 15px;"></td><td>OTHER_____</td></tr> </table>		Construction		A/E		Service		RAC		CLEAN		JOC		OTHER_____	I. Contractor's Name/Address/Phone Number (1) Prime: (2) Sub:		
	Construction																
	A/E																
	Service																
	RAC																
	CLEAN																
	JOC																
	OTHER_____																
J. Safety Manager's Name	Phone #	K. Insurance Carrier															
(1) Prime:	(2) Sub:	(1) Prime:	(2) Sub:														

Environmental Factors - Did heat, cold, dust, sun, glare, etc., contribute to the accident?

Chemical & Physical Agent Factors - Did exposure to chemical agents, such as dust, fumes, mists, vapors or physical agents such as noise, radiation, etc., contribute to the accident?

Office Factors - Did office setting such as lifting office furniture, carrying, stopping, etc., contribute to the accident?

Support Factors - Were inappropriate tools/resources provided to properly perform the activity task?

Personal Protective Equipment - Did the improper selection use, or maintenance of personal protective equipment contribute to the accident?

Drugs/Alcohol - In your opinion, were drugs or alcohol a factor?

Activity Hazard Analysis - Was the lack of an adequate (IAW EM 385-1-1 Sec 01.A.09) Activity Hazard Analysis a contributing factor?
- Was it site specific and address the type of work/operations performed when the mishap occurred?

Management - Did the lack of adequate supervision contribute to the accident?

- Was inadequate information provided at pre-con meeting?

8. Training:

A. Was/were person(s) trained to perform activity/task?		
B. Type of training?		
C. Date of most recent formal training? / /		D. List topics discussed

9. Fully Explain What Allowed or Caused The Accident, Include Direct and Indirect Causes:

A. Direct Cause

B. Indirect Cause

C. Action(s) taken to prevent re occurrences or provide on-going corrective actions.

D. Corrective Action Dates

(1) Beginning (Mo/Da/Yr) / /

(2) Anticipated Completion Date (Mo/Da/Yr) / /

10. OSHA

A. Date OSHA was notified / /	C. Date of OSHA Citation / /
B. Date OSHA Investigated / /	D. \$ Amount of Penalties:

11. Report Preparer

Print Name & Title of Supervisor Completing Report

Signature: _____

Date (Mo/Da/Yr) _____

12. Management Review (Contracting Officer)

A. <input type="checkbox"/> Accepted	B. <input type="checkbox"/> Amendments Required	C. <input type="checkbox"/> Comments (include program improvements required for your Command. NAVFACHQ Construction Safety Program and EM 385-1-1)
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D. Print Name & Title of Official Completing Report

Signature: _____

Date: (Mo/Da/Yr) _____

13. Safety And Occupational Health Officer Review

A. <input type="checkbox"/> Concur B. <input type="checkbox"/> Non Concur	C. <input type="checkbox"/> Additional Actions/Comments
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D. Print Name & title of Safety Personnel Reviewing

Signature: _____

Date (Mo/Da/Yr) _____

