



Phillippi Equipment Company / Truck Crane Service Incident/Accident/Near-Miss Reporting System

Name _____ Date _____ Phone# _____ E-mail _____	
Department Type: <input type="checkbox"/> Field Service <input type="checkbox"/> Shop <input type="checkbox"/> Yard <input type="checkbox"/> Crane Rental <input type="checkbox"/> Trucking <input type="checkbox"/> Other _____	Employee Classification <input type="checkbox"/> Supervisor <input type="checkbox"/> Crew Leader/Foremen <input type="checkbox"/> CCO Crane Operator <input type="checkbox"/> Driver <input type="checkbox"/> Technician <input type="checkbox"/> Millwright <input type="checkbox"/> Operator Apprentice <input type="checkbox"/> Millwright Apprentice <input type="checkbox"/> Technician Apprentice <input type="checkbox"/> Other _____
Division: <input type="checkbox"/> Phillippi Equipment Company <input type="checkbox"/> Truck Crane Service Company <input type="checkbox"/> Other _____	Work Shift: <input type="checkbox"/> Straight days (8 hours) <input type="checkbox"/> Night duty (8 hours) <input type="checkbox"/> Straight days (10 hours) <input type="checkbox"/> Night duty (10 hours) <input type="checkbox"/> Straight days (12 hours) <input type="checkbox"/> Night duty (12 hours) <input type="checkbox"/> Straight days (14 hours) <input type="checkbox"/> Night duty (14 hours)
Construction Experience: (Years) <input type="checkbox"/> 0-3 <input type="checkbox"/> 14-16 <input type="checkbox"/> Other _____ <input type="checkbox"/> 4-6 <input type="checkbox"/> 17-20 <input type="checkbox"/> 7-10 <input type="checkbox"/> 21-23 <input type="checkbox"/> 11-13 <input type="checkbox"/> 24-26	Service Area: <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Suburban
Project Location: _____ Project Job Number/Work Order Number _____ Date: _____ Time: _____ (Circle One) AM PM Day/Night of the week (Circle One) Sun Mon Tue Wed Thurs Fri Sat	Weather at the time of the Event: <input type="checkbox"/> Clear and dry <input type="checkbox"/> Cloudy and sleet <input type="checkbox"/> Clear with wet surfaces <input type="checkbox"/> Cloudy and freezing rain <input type="checkbox"/> Clear with frozen surfaces <input type="checkbox"/> Cloudy and dry <input type="checkbox"/> Fog reduced visibility <input type="checkbox"/> Cloudy and rain <input type="checkbox"/> Fog poor visibility <input type="checkbox"/> Lightning <input type="checkbox"/> Windy conditions <input type="checkbox"/> Cloudy and snow <input type="checkbox"/> Wind speed MPH _____ <input type="checkbox"/> Not reported Lighting conditions <input type="checkbox"/> Excellent <input type="checkbox"/> Adequate <input type="checkbox"/> Poor Weather Temperature: _____
Event Type: <input type="checkbox"/> Near Miss <input type="checkbox"/> Incident <input type="checkbox"/> Accident	Conditions: <input type="checkbox"/> JSA (Jobsite Safety Analysis) completed? Yes / No <input type="checkbox"/> Unsafe Conditions / _____ <input type="checkbox"/> Unsafe Behavior / _____ <input type="checkbox"/> Environmental Factors <input type="checkbox"/> Ground Condition Safe (Circle One) Yes No

