



JEA CONTRACTOR INCIDENT REPORT

Contractor Name: _____

Date of Incident: _____

Project Name & Location: _____

Body Part Injured (be specific): _____

Injury Code (see legend at right): _____

Witness Names (if any): _____

Injury Code

- SBCI=Struck by/caught in
- C=Contact (burn, abrasion, contusion)
- STF=Slip/trip/fall
- SSE=Strain/Sprain/overexertion
- ABIB=Animal Bite/Insect Bite
- CLP=Cut/laceration/puncture
- EC=Electrical contact
- FBI=Foreign Body in
- V=Vehicular

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.