U.S. DEPARTMENT OF ENERGY – BONNEVILLE POWER ADMINISTRATION (BPA)
CONTRACTOR'S REPORT OF INJURY OR ILLNESS

PRIVACY ACT STATEMENT:

Authority: 5 U.S.C. 301 and the Department of Energy Organization Act.

Purpose: BPA will use this information to document and analyze incidents resulting in injury and develop appropriate corrective action.

Routine Uses: A record from this system may be disclosed to physicians who treat injured or ill federal employees or contractors and the Department of Labor to maintain a record of occupational injuries or illnesses. A record in this system may be disclosed to the appropriate local, state, or federal agency when the records alone, or in conjunction with other information, indicate a violation or potential violation of law, whether civil, criminal, or regulatory in nature. A record from this system may be disclosed for the purpose of an investigation, settlement of claims, or the preparation and conduct of litigation. Additional routine uses of the information contained in this record are listed in DOE-38.

Disclosure: Lack of disclosure will not result in criminal penalties; however, failure to furnish this information may delay or preclude the pursuit of corrective action.

We value safety in everything we do. Together, our actions result in people being safe each day, every day. At work, at home and at play, we contribute to a safe community for ourselves and others. Together and individually, we demonstrate our commitment to safety by:

• Taking the time to do our work safely;
• Taking actions to prevent and eliminate hazards;
• Speaking up when we see an unsafe situation; and
• Incorporating safety into everything we do, including how we define success.

INSTRUCTIONS: Complete and email to the Contracting Office Representative (COR). COR is responsible for reporting incident in OSHIS including uploading a copy of this form.

BPA Safety Office Use Only: Case Number: _____

A. Information Regarding Injured or Ill Contractor

1. Job Title _____   2. Name of Contracting Company _____

3. Address of Contracting Company _____

4. BPA ORG Code Assigned to Contractor _____   5. Contract Number _____

6. Name of Project Involved _____   7. Location of Injury or Illness _____

8. Date of Accident (MM/DD/YYYY) _____   9. Time of Accident (HH:MM) _____

10. Time Contractor Began Work (HH:MM) _____   11. Was BPA property damaged?   Yes   No

12. What was the Contractor doing just before the Injury or Illness occurred? Describe the activity, as well as the tools, equipment, or material the Contractor was using. Be specific *(Examples: "climbing a ladder while carrying materials", "spraying chlorine from a hand sprayer", 'daily computer key-entry.").*

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13a. What Happened? Explain how the injury or incident occurred. *(Examples: "When ladder slipped on wet floor, worker fell 20 feet", "Worker was sprayed with chlorine when gasket broke during replacement", "Worker developed soreness in wrist over time.")*

13b. Photo(s) - WARNING: Do not show pictures of injuries, just conditions surrounding the injury taking place. Contract company may submit their own report, but this form must be filled out and submitted to the BPA Safety office *(This PDF form will support 4 pictures maximum, if you need to submit more than 4 pictures then submit separately).*

13c. What was the injury or illness? Explain the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore" *(Examples: "strained back", "chemical burn, hand", "carpal tunnel syndrome.").*

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14. What object, circumstance, or substance directly harmed the Contractor? *(Examples: "Impact with object", "chemical exposure", "radial arm saw.")*. If this question does not apply to the incident, leave blank or not applicable. Please attach any witness statements or reports.

15. Any lessons learned that may create a safer work environment?

16a. Contract Worker Employer's Representative's Signature

16b. Contract Worker Employer's Representative's Title

16c. Office Phone Number *(Include area code)*

16d. Date