



**SAN JOAQUIN VALLEY HOMES  
SUBCONTRACTOR INCIDENT REPORT**

<b>Subcontractor Name:</b>		<b>Project Name:</b>		Report No.	S4
Date Occurred:			Time:		
Date Reported:			Location (Near or in what area of the job):		
Supervisor:					
<b>Mark All That Apply:</b>					
Injury		Near Miss		Property Damage	
First Aid**		Non-Recordable		Restricted Duty	
Doctor Case		Recordable		Lost Time	
If Injury Employee Name:					
Nature of injury (Description):					
Description of Incident (Include Cause of Injury if applicable)					
Witness Name		Employee ID#		Phone No.	
Witness Name		Employee ID#		Phone No.	
Employee Instructed About Hazards of Job:		YES	Code of Safe Practices Followed:		Yes
		NO			No
Procedure for Assigned Task		YES	Procedure Utilized		YES
		NO			NO
Work Being Performed:			19. PPE Used:		
Conditions/Actions Contributing to Incident:					
Recommendations Made By Review Person (Committee) Note: Include Responsible Person & Abatement Date					
22. Supervisor's Signature (Upon Review of Recommendations)					
					Date:
23. Authorized Signature (Project Superintendent)					
					Date:

\*\* If First Aid has been administered, please fill out the First Aid Record form which can be found with the site superintendent