

Contractor Incident Report System (CIRS)

Report Type (REQUIRED)			
Injured	Property	Injured & Property	Near Miss
1. Contract Information		Incident Information	
Prime Contractor:	Cage Code:		
Contract Number:	Occurred On Base: <div style="text-align: center; margin-top: 5px;">Yes No</div>		
Task Order #:			
Contractor Contact Information			
Last Name	First Name	Phone #:	
Email Address:		Date Notified: <small>Ex: MM/DD/YYYY</small>	
2. Incident Type (REQUIRED)		(Please Check All That Apply)	
Assault/Violent Act	Extreme Environmental Exposure	Man over the side (No water entry)	
Diving	Falls, slip, trip, or bodily exertion	Man Overboard - Water Entry	
Electrical Shock/Burns	Fires - All Types	Material Handling Equipment	
Equipment Installation/Repair	Hazardous Material (any type)	Ordnance-Related (Explosive)	
Explosion, Non-Ordnance	Industrial (Select Additional Below)	Vehicle (Government or Private)	
Industrial Incident Additional Information		(Please Check All That Apply)	
Confined Space	Hand and Power Tools	Work Platforms and Scaffolding	
Demolition/Renovation	Rigging	Underground Construction, Shafts, and Caissons	
Trenching/Entrapment	Cranes and Hoisting Equipment	Concrete, Masonry, Steel Erection and Residential Construction	
Traffic Control	Floating Plant and Marine Activities	Tree Maintenance and Removal	
Welding and Cutting	Pressurized Equipment and System	Airfield and Aircraft Operations	
Control of Hazardous Energy	Fall Protection		

4. Fully Explain What Allowed or Caused the Incident	Incident Information
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Direct Cause:

Indirect Cause:

Additional Action Taken: (Please Include a Begin Date and Est. End Date in Description)

5. Contributing Factors					
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Was Visibility Restricted? Yes No	Distance Visibility was restricted:
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Unit of Measure:	Feet	Yards	Meters	Miles	Nautical Miles
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Visibility Restricted By:

Fog	Smoke	Rain	Sleet	Snow
Mist	Dust	<input type="checkbox"/> Sandstorm	<input type="checkbox"/> Unknown Object	Other:

Lighting Conditions at Incident Site: Adequate Inadequate Unknown	Was Noise Level a Factor: Yes No Unknown	Was Carbon Monoxide (CO) a Factor: Yes No If Yes, CO Alarm Manufacturer:
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Other Contributing Factors:

1. Injured Data			Person (if applicable)		
Age:	Gender:		Subcontractor Company Name:		
	Male Female				
2. General Information					
Drug or Alcohol Involved:					
None	Unknown	Alcohol	Drugs	Alcohol and Drugs	
Who Provided First Aid?					
	Onsite	Base	Public		
Was Ergonomics a Factor:					
	Yes	No			
Type of Ergonomic Injury:					
Lifting	Equipment Placement Office	Repetitive Motion		Positioning	
Bending	Equipment Placement Industrial	Impact Strain			
3. Injury Illness/Fatality Information					
Severity of Injury/Illness:					
Fatality		Lost Workday Case Involving Days Away From Work			
Permanent Total Disability		Light/Limited Duty or Restricted Work (No Lost Work Days)			
Permanent Partial Disability		Other Reportable & Medical Treatment/No Lost Time			
First Aid Treatment Only/First Aid Case					
Were There Days Lost:		Were There Days Hospitalized:		Were There Days Restricted Duty:	
Yes	No	Yes	No	Yes	No
Part of Body Affected:					
Nature of Injury or Illness:					
Event or Exposure:					
Source of Injury or Illness:					
Injury Activity Code:					

4. License	(if applicable)	Property Damage
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Are Appropriate License and Certification/Medical Current:	Yes	No
If yes, explain:		

5. Training

Was all the contract-required training provided to the employee?	Yes	No
If yes, explain:		