



New Jersey Schools Development Authority – OCIP
Builders' Risk
SUPERVISOR'S INCIDENT INVESTIGATION REPORT

Project/School Name: _____

NJSDA Contract #: _____

Incident Date: _____

Time: _____

Place: _____

INCIDENT INFORMATION:

Describe in detail how incident occurred:

Name of project employees/employer at
incident: (Provide name, address, & phone number) _____

PRIMARY CAUSE:

What condition or act caused the accident:

Recommended correction action: _____

Equipment involved: _____

Amount of Loss: _____

Were photos taken Yes No By whom: _____

Police Notified? Yes No Report or file #: _____

Comments: _____

Prepared By: _____

Company Name: _____

Supervisor's Name (Please Print) _____

Supervisor's Signature: _____

Date: _____