Central Plateau Cleanup Company

EVENT REPORT

Due-2 Business Days

STRICTLY PRIVATE: The information contained in this report is Privacy Act Protected. This information is intended only for use in meeting Department of Energy occupational injury and illness reporting, recording, investigating, and managing requirements. Release of this information for all purposes will comply with **CPCC-PRO-IRM-184**, *Information Protection and Clearance*, and **CPCC-STD-IRM-8959**, *Publications Practices*. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reliance on the contents of the information contained in and transmitted with this report is strictly prohibited. If you have received this report in error, please immediately notify and request handling instructions from the transmitter. Health care information and personal identifiers are sensitive information that if improperly used or release may do significant harm to the employee's privacy, health care or other interests.

MANAGER/SUPERVISOR SECTION

(to be filled in by Safety Professional/Manager/Supervisor)

Employee Name(s):	HID Number:	Job Title/Occupation:	Years of Experience

Witness Name:	Date Interviewed:	Interviewed By:

Date of Event:	Day of Week:	Time of Event:	Time Employee Began Work:	Event Location: ☐ Inside ☐ Outside

Date Reported:	Time Reported:	Location of Event *(Room/Building/Area/Facility)*:	Weather Conditions if Outside:

Manager, Supervisor, or Foreman Name(s):	Phone Number(s):

Company/Contractor:

Organization/Project:	☐ IAES	☐ OAES	☐ WP&O	☐ S&GO	☐ Core	☐ B Reactor

Activity in progress at time of accident *(i.e., what employee's work assignment was at the time of injury/illness)*:

Events - Describe the event sequentially, beginning with initiating events and ending with nature and extent of injury/ damage *(i.e., laceration left index finger)* Attach a separate sheet for any additional information. Attach pictures from the event investigation below *(work with the project safety professional for investigation pictures)*:

THE EVENT REPORT WILL BE CONSIDERED INCOMPLETE UNTIL PICTURES ARE ATTACHED.

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Was the employee wearing the required level of PPE appropriate for the hazards involved with this event? ☐ Yes ☐ No ☐ N/A

If Yes, PPE *(e.g., leather, steel toe, 2 layers, cut level of gloves, etc.)*:

INJURY/ILLNESS ONLY

Was a work restriction placed on employee as a result of this incident?	☐ Yes ☐ No
Does this work restriction preclude the employee from being accommodated to perform their regular work duties?	☐ Yes ☐ No
Do the injury/illness require additional medical treatment beyond that provided by HPMC?	☐ Yes ☐ No

If Yes, name and address of medical provider. If hospitalized overnight, name and address of hospital.

CAUSES/PREVENTION

Event Causes:

A. Conditions *(causing and/or contributing to event)*:

B. Employee Actions :

C. Factors Influencing A or B:

IMMEDIATE ACTIONS TAKEN: *(describe measures taken to prevent a similar event)*:

RECOMMENDED CORRECTIVE ACTIONS: *(describe corrective actions that are planned):*

Occupational Safety and Health:

☐ The corrective actions identified in this event report are appropriate to prevent recurrences. ☐ Yes ☐ No

If No, provide comments below.

☐ Corrective actions are completed or tracked in iCAS.

Comments:

Manager, Supervisor, Foreman:

_______________________	_______________________
Print First and Last Name	*Signature / Date*

Occupational Safety & Health:

_______________________	_______________________
Print First and Last Name	*Signature / Date*

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EMPLOYEE SECTION

(to be filled in by Employee)

In detail, explain what happened *(i.e., conditions prior to the event, what were you doing immediately prior to the event, list equipment malfunctions, any inadequacies in procedures, etc.)*.

Any recommendations on how to prevent this type of event?

Signature *(Employee signature indicates employee agreement with/verification of only the EMPLOYEE SECTIONS of the Event Report form).*

☐ NO COMMENTS *(Employee checks box and signs below, if employee does not wish to provide event explanations).*

Employee:

______________________________	______________________________
Print First and Last Name	*Signature / Date*

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WITNESS SECTION

(to be filled in by witness)

In detail, explain what happened *(i.e., conditions prior to the event, what were you doing immediately prior to the event, list equipment malfunctions, any inadequacies in procedures, etc.)*.

Signature *(Witness signature indicates witness agreement with/verification of only the WITNESS SECTIONS of the Event Report form).*

☐ NO COMMENTS *(Witness checks box and signs below, if witness does not wish to provide event explanations)*.

Witness:

Print First and Last Name	*Signature / Date*

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