Initial Report
Follow-up Report
Final Report
Date _____/_____/_____

Contractor Incident Report System (CIRS)

1. Contract Information	Incident Information
Prime Contractor:	**Cage Code**:
Contract Number:	**Installation of Incident:**
Task Order #:	**Contracting Activity/ROICC Office:**

Contractor Contact Information	
Name (Last, First):	**Phone #:**
Email Address:	**Date Notified:**

2. Incident Type (Please Check/Bold 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/Bold 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	

3. General Information	Incident Information
Date of Accident:	**Time of Accident:**

Describe the accident in detail in your words: *(Use the back of page if you need additional space)*

Exact Location of Accident:

Were Hazardous Material(s) Involved ☐ Yes ☐ No

If Yes, Explain What Hazardous Materials Were Involved and Why:

Who Provided Clean-up? ☐ Onsite ☐ Base ☐ Public

Activity of the injured person at the time of incident:

Personal Protective Equipment: (Check/Bold Response)

☐ Available and used ☐ Available and not used ☐ Not Required

☐ Not related to Mishap ☐ Wrong PPE for job

List PPE Used:

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

Direct Cause:

Indirect Cause:

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

Additional Action Taken: (Please Include a Begin Date and Est. End Date in Description) *(Use the back of page if you need additional space)*

5. Contributing Factors:

Was Visibility Restricted? ☐ Yes ☐ No

Distance Visibility was restricted:

Unit of Measure (Check/Bold): ☐ Feet ☐ Yards ☐ Meters ☐ Miles ☐ Nautical Miles

Visibility Restricted By: (Check/Bold all that apply)

☐ Fog ☐ Smoke ☐ Rain ☐ Sleet ☐ Snow

☐ Mist ☐ Dust ☐ Sandstorm ☐ Unknown Object ☐ Other:

Lighting Conditions at Site of Mishap:

(Please Check)

☐ Adequate ☐ Inadequate ☐ Unknown

Was Noise Level a Factor:

(Please Check)

☐ Yes ☐ No ☐ Unknown

Was Carbon Monoxide (CO) a Factor:(Please Check)

☐ Yes ☐ No

If Yes CO Alarm Manufacturer:

5. Contributing Factors: Continued

Other Contributing Factors:

6. Attached Documents

Attached Documents/Files Name/Description:	Date Added:	Uploaded By:

1. Injured Data (if applicable) Person

Age:	Gender: (Check/Bold) ☐ Male ☐ Female	Prime Contractor Company Name:	Subcontractor Company Name:

2. General Information

Drug or Alcohol Involved: (Check/Bold all that apply)

☐ None ☐ Unknown ☐ Alcohol ☐ Drugs ☐ Alcohol and Drugs

Who Provided First Aid? ☐ Onsite ☐ Base ☐ Public

Was Ergonomics a Factor: (Check/Bold) ☐ Yes ☐ No

Type of Ergonomic Injury: (Check/Bold All That Apply)

☐ Lifting ☐ Positioning ☐ Bending ☐ Equipment Placement Office

☐ Equipment Placement Industrial ☐ Repetitive Motion ☐ Impact Strain

3. Injury Illness/Fatality Information

Severity of Injury/Illness: (Check/Bold)

☐ Fatality ☐ Lost Workday Case Involving Days Away From Work

☐ Temporary Disability ☐ Recordable Workday Case Involving Restricted Duty

☐ Permanent Total Disability ☐ Other Recordable Case ☐ Recordable First Aid Case

☐ Permanent Partial Disability ☐ Non-Recordable Case ☐ No Injury

Where There Days Lost: (Check/Bold)	Where There Days Hospitalized: (Check/Bold)	Where There Days Restricted Duty: (Check/Bold)
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Part of Body Affected:

Nature of Injury or Illness:

Event or Exposure:

Source of Injury or Illness:

General Location Description:

Injury Activity Code:

4. License (if applicable) **Person #**

Are Appropriate License and Certification/Medical Current: (Check/Bold) Yes No

Describe or Explain:

Attach Image of License or Certification Name/Description:	**Date Added:**	**Uploaded By:**

5. Training

Was all the contract-required training provided to the employee: (Check/Bold) Yes No

Explain:

6. Attached Documents

Attached Documents Name/Description:	**Date Added:**	**Uploaded By:**

1. Involved Person Data			(if applicable) **Property Damage**
Age:	**Gender:** ☐ Male ☐ Female	**Contractor:**	**Contractor:**

2. Attached Documents

Attached Documents Name/Description:	Date Added:	Uploaded By:

3. Property Damaged

Was Anyone Injured: ☐ Yes ☐ No **Was A Government Motor Vehicle Involved:** ☐ Yes ☐ No

Property Type	Property ID #	Detailed Description	Property Owned By	Estimated Cost USD	Lost Use Days

4. License (if applicable) **Property Damage**

Are Appropriate License and Certification/Medical Current: (Check/Bold) Yes No

Describe or Explain:

Attach Image of License or Certification Name/Description:	**Date Added:**	**Uploaded By:**

5. Training

Was all the contract-required training provided to the employee? (Check/Bold) Yes No

Explain:

CONTRACTOR INCIDENT REPORT SYSTEM (CIRS) INSTRUCTIONS
Complete Only Sections Appropriate to Incident (Rev. 03/11).

NOTE: THE ATTACHED CIRS FORM IS TO BE USED BY CONTRACTORS TO RECORD THE RESULTS OF THEIR ACCIDENT/INCIDENTS INVESTIGATIONS AND SHALL BE PROVIDED TO THE CONTRACTING OFFICER WITHIN THE REQUIRED TIMEFRAMES.

GENERAL. Complete a separate report for each person who was injured in the accident pages 5-6. A report needs to be completed for all OSHA recordable accidents and property damage cases. Please type or print legibly. Appropriate items shall be Checkd/Bolded, non-applicable sections shall be marked "N/A". If additional space is needed, provide the information on a separate sheet of paper and attach to the completed form.

Mark the report: (Check/Bold)
Initial: If this form is being used as initial notification of a Fatality or High Visibility Mishap. The initial form is due within 4 hours of a serious accident. A form marked 'Follow-up' or 'Final' is required within 5 days.

Follow-Up: If you are providing additional information on a report previously submitted.

Final: If you are providing a completed report and expect no changes.

Incident Information

Section 1 Contract Information – Incident Information
Prime Contractor: Name as it appears on contract documents.

Cage Code: If known.

Contract Number: Number as it appears on the contract documents.

Installation: Name of installation where incident occurred.

Task Order #: Insert number **i**f applicable.

Contracting Activity/ROICC Office: Enter the name and address of the Contracting Office administering the contract under which the mishap took place (e.g. ROICC MCBH, ROICC NORFOLK, PWC GUAM, etc.).
Contractor Contact Information: (Contractor point of contact information for the individual responsible for completing the form) Self Explanatory

Section 2 Incident Type: Check/Bold most applicable category, if you select Industrial you must Check/Bold at least one additional category from the **Industrial Incident Additional Information Section**.

Section 3 General Information Incident Information
Date of Accident: Enter the month, day, and year of accident.

Time of Accident: Enter the local time of accident in military time. Example: 14:30 hrs (not 2:30 p.m.).

Describe the Accident in Detail in your words: Fully describe the accident in the space provided. If property damage involved, give estimated dollar amount of damage and/or repair costs involved. If additional space is needed continue on a separate sheet and attach to this report. Give the sequence of events that describe what happened leading up to and including the accident. Fully identify personnel and equipment involved and their role(s) in the accident. Ensure that relationships between personnel and equipment are clearly specified. Ensure questions below regarding direct cause(s), indirect cause(s), and actions taken are answered. **NOTE!** Review questions in Section 4 (Fully Explain What Allowed or Caused the Incident - Incident Information) below before completing.

Exact Location of Accident: Enter facts needed to locate the accident scene (e.g. installation/project name, building/room number, street, direction and distance from closest landmark, etc.).

Were Hazardous Material(s) Involved Yes No

If Yes, Explain What Hazardous Materials Were Involved and Why: Check or Bold appropriate block and list name(s) and quantities of hazardous materials spilled/released during the mishap. List why the hazardous chemicals were being used.

Activity at the time of incident: What type of work/task was being performed by the injured when the injury took place or property damage occurred.

Personal Protective Equipment– Check/Bold appropriate items and list PPE which was being used by the injured person at the time of the accident (e.g. protective clothing, shoes, glasses, goggles, respirator, safety belt, harness, etc.)

Section 4 Fully Explain What Allowed or Caused the Incident - Incident Information
Direct Cause(s): The direct cause is that single factor which most directly lead to the accident. See examples below.

Indirect Cause(s): Indirect cause are those factors, which contributed to, but did not directly initiate the occurrence of the accident.

Examples for Direct and Indirect Cause:
1. Employee was dismantling scaffold and fell 12 feet from unguarded opening.
Direct cause: Failure to provide fall protection at elevation
Indirect causes: Failure to enforce safety requirements: improper training/motivation of employee (possibility that employee was not knowledgeable of fall protection requirements or was lax in his attitude toward safety); failure to ensure provision of positive fall protection whenever elevated; failure to address fall protection during scaffold dismantling in phase hazard analysis.

2. Private citizen had stopped his vehicle at intersection for red light when vehicle was struck in rear by contractor vehicle. (note contractor vehicles was in proper safe working condition.)
Direct cause: Failure of contractor driver to maintain control of and stop contractor vehicle within safe distance.
Indirect cause: Failure of employee to pay attention to driving (defensive driving).

Additional Action Taken: Fully describe all the actions taken, anticipated, and recommended to eliminate the cause(s) and prevent reoccurrence of similar accidents/illnesses. Continue in the additional box and or on additional sheets of paper if necessary to fully explain and attach to the completed report form.

Please Include a Begin Date and Estimated Completion Date in Description
(1) Begin: Enter the date when the corrective action(s) identified above will begin.
(2) Est. End Date - Enter the date when the corrective action(s) identified above will be completed.

Section 5 Contributing Factors Incident Information: Check/Bold appropriate items fill in information where required
Other Contributing Factors: Describe in detail any additional contributing factors not listed in previous information provided.

Section 6 Attached Documents: Provide the appropriate information for each document/file attached or uploaded.

Injured Data Person

Complete Pages 5 and 6 for each injured person At the upper right hand corner of page 5 and 6 differentiate between each person by using a numerical value (e.g. Person #1, Person #, Person #3, etc.)
Section 1 Injured Data: Fill in all applicable information, Check/bold appropriate responses.

Section 2 General Information:
Check/bold appropriate responses

Section 3 Injury/Illness Fatality Information: Check/bold appropriate responses
Part of Body Affected: Enter the most appropriate primary and when applicable, secondary, etc. body part(s) affected (e.g. arm: wrist: abdomen: single eye; jaw: both elbows: second finger: great toe: collar bone: kidney, etc.).

Nature of Injury/Illness: Describes the manner in which the injury or illness was inflicted or produced. It attempts to answer the broad question of "how" work injuries and illnesses occurred. (e.g. Fall, Struck By, Caught By, Repetitive Motion, Rubbed or Abraded By, etc.)

Event or Exposure: Describes what was produced by the injury or illness was produced or inflicted. (e.g. Infectious Parasitic Diseases, Traumatic Injuries and Disorders, Open Wounds, Burns, Intracranial Injuries, etc.)

Source of Injury Illness: Identifies the object, substance, bodily motion, or exposure, which directly produced or inflicted the previously identified injury or illness. (e.g. Acids, Chemical Products, Furniture and Fixtures, Machinery, Structures and Surfaces, Tools Instruments and Equipment, etc.)

General Location Description: Describes where the injury occurred (e.g. Industrial Facilities, Operational Industrial Building Plant , Roadway, etc.)

Injury Activity Code: Describes what the injured person was doing when the injury occurred. (e.g. Operating Type of Equipment, Construction Activity Being Performed, Industrial Operation Being Conducted, etc.)

Section 4 License:
Are Appropriate License and Certification/Medical Current: Did the injured employee have the appropriate license/certification or medical evaluations completed to conduct the work/task being performed.

Describe/Explain: Describe the required (licensing/certification/medical evaluation) for job/task being performed, date when license was issued, and expiration date. (e.g. "Powdered Actuated Tools, Hilti DX-350, License issued 11/29/2011, expires 3-years from issue date." "Respirator Semi Annual Medical Evaluation, conducted 12/30/2011, expires on 12/30/2013", etc.)

Attach Image of License or Certification: Self-Explanatory

Section 5 Training:
Was all the contract-required training provided to the employee: Self-Explanatory

Explain: If no, to the previous questions explain why the employee was not trained.

Section 6 Attached Documents:
Self-Explanatory use this for photos, drawings, diagrams, or other relevant documents.

Property Damage

Section 1 Involved Person Data: Fill in all applicable information, Check/bold appropriate responses.

Section 2 Attached Documents:
Self-Explanatory use this for photos, drawings, diagrams, or other relevant documents.

Section 3 Property Damaged:
Check/bold appropriate responses. Other Headings Self-Explanatory.

Section 4 License:
Are Appropriate License and Certification/Medical Current: Did the equipment operator have the appropriate license/certification or medical evaluations completed to conduct the work/task being performed.

Describe/Explain: Describe the required (licensing/certification/medical evaluation) for job/task being performed, date when license was issued, and expiration date. (e.g. "State Issued Driver, License issued 11/29/2011, expires on MM/DD/YYY)" "Scissor Lift, JLG Model 260MRT conducted 12/30/2011, does not expire.")

Attach Image of License or Certification: Self-Explanatory

Section 5 Training:
Was all the contract-required training provided to the employee: Self-Explanatory