ACCIDENT REPORT

Country : .....
State/Province: .....
party Chief: .....
Site Supervisor: .....
Crew: .....
Date of **Accident:** .....
Time of Accident: .....
Eye Witnesses: .....
.....
Client: .....

Crew Number: .....
☐ **Land Operations** ☐ **Oeoterrex**
☐ **Gen. Geoph Dig** ☐ **hem**
☐
Topnav **BSD** ☐
Type Of Crew:
HD, LD, VBS, VIB. /DYN. , HELIP.,
PORT, SOW,
L: ELECT , ORA VL., SUR.
Others:.....

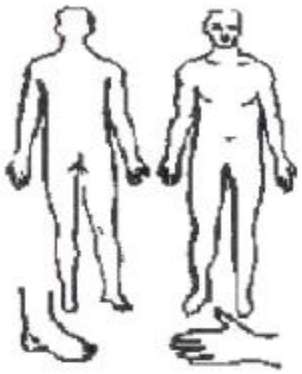
VICTIM

LAST NAME:.....
FIRSTNAME: .....
AGE: .....
HIREDON: .....

Monthly Penormel	BGE Helper
☐	☐
Position	**Labor**
☐	☐
Third party	**Sup- contractot**
☐	☐

DANMAGES

Put across at point of injury



DY INJURIS

NATURE		ERIOUSNESS
☐	Amputation	☐ **Fata1ity**
☐	Fracture	☐ **LTI**
☐	Crack Sprain	**(LoSt tirne injury)**
☐	Wounds	**Wori(days lost)**
☐	Bruising	.....
☐	Burns Frostbites	☐ **RWC**
☐	Projections(eye)	**(Restricted wori(case)**
☐	Stings (Insects)	**Number of days:**
☐	Bites	.....
☐	Poisoning	☐ **MTC**
☐	(plants)	**(Medical Treatment Case)**
☐	Others	.....
		☐ **FAC**
		(First Aid Case)

DAMAGE

TYPE OF EQUIPMENT &MAKE

.....
.....
Dekription Of Damages; (In shot)
.....
.....
.....
.....
.....
.....
.....
Damages amowlting to: (Approximately)
.....
.....
Length of Immobilization;
.....
.....

CIRCUMSTANCES OF THE ACCIDENT

circumstances BEFORE the accident-indicate the location of the accident.....
.....
.....
.....
.....
.....
Description of the accident : .....
.....
.....
.....
.....
.....

TYPE

☐ **VEHICLE**
☐ **TRAVEL**
☐ **DRILLING**
☐ **BURNING**
☐ **EXPLOTION**
☐ **S1TNG / CUT**
☐ **EYE INJURIES**
☐ **WATER RELATED OTHERS**

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