

ACCIDENT REPORT FORM



Instructions: Complete for any type of personal injury

Company:

Personnel Involved in Responding to and Reporting Incident:

Name, Employer, and Phone Numbers of everyone on site:

Name of Injured Party:

Calyx Employee: Yes No

If No, Name of Employer:

Address:

Contact Information:

Accident Information:

Location:

Date:

Time:

Weather Conditions:

Nature of Injury:

Cause of Injury:

Actions taken:

Onsite Actions:

Medical Attention Received:

Outcome:

Person Responsible for Managing Termination/Closure of Incident:

Name:

Phone:

Address:

Email:

Root Cause of Accident:

Corrective Action:

Additional Notes/Information:

Signature: _____

Date: _____

Send report immediately to the appropriate Calyx supervisor as well as:

Brandon Penner bpenner@calyxenergy.com

Jim Stephenson jstephenson@stephensonlaw.com