Incident Report / Investigation
__Manager Report__

SONOCO
Sontheimer Offshore/catering Co.

_____ **Near Miss** _____ **First Aid** _____ **Injury**

(Check Job Title of Injured) _____Utility Hand _____Night Cook ___Steward/Relief ___Warehouse ____ Driver

__Injured:__
Name (FML): _____ SS#:_____

Address:_____ City: _____ ST:_____

Zip Code:_____ Phone Number: (_____)_____ DOB:_____ Age:_____

Date of Hire:_____ Date of Incident:_____ Time:_____:_____AM/PM

Time Shift Began:____:_____AM/PM # of Days on Location:_____ Employee SSE?_____

__Facility:__
Customer:_____ Block & Field Location:_____

Where on facility did incident occur:_____(Galley, Quarters, etc.)

__Incident Details:__
Accident happened: _____/_____/_____ @ _____:_____ AM/PM Did injury occur? _____

Nature of Injury: _____ (Cut, Fall, etc.)

Did employee stop work immediately? _____ Injury on SONOCO Property:_____

Did injury cause lost time beyond shift?_____ # Days: _____ Did injury cause death?_____

Reported to Customer/Medic: ____/____/_____ Time:____:_____AM/PM to who?_____

Medical Attention/First Aid given on-site?_____ By Who?_____

What care was given?_____Employee sent in? _____

Reported to SONOCO Office: ____/____/____ _ Time:____:____ AM/PM to who?_____

Corrective Action:
All PPE worn/used properly?_____ Why Not?_____

Immediate Corrective Action Taken:_____

By Who? _____ Safety Meeting Held to Discuss: ____/_____/_____ @_____

Date of Report ____/____/_____ By: _____ Position:_____

Fax to (985) 872-2251 or email to safetydir@sontheimeroffshore.com

Incident Report / Investigation

Employee Statement:

Employee Information:

Name: _____

Address: _____

City, St., Zip: _____

Ph. Number: _____

Describe your activities just prior to the alleged incident:

_____

_____

_____

Describe the alleged incident including as many details as possible (When, Where, How, What, Why):

_____

_____

_____

_____

_____

_____

_____

_____

Were there any witnesses? _____

Did you have an alleged injury? _____

Describe the nature of your alleged injury:

_____

_____

_____

Employee Signature_____ **Date:** _____

Incident Report / Investigation

<u>Witness Statement</u>

Witness Information: (Use additional forms if needed)

Name: _____

Address: _____

City, St., Zip: _____

Ph. Number: _____

Company Name: _____

Did you actually witness the alleged incident? _____

Describe the actions of the alleged injured party just prior to the incident:

_____

_____

_____

Describe your activities just prior to the alleged incident:

_____

_____

_____

Describe the actual alleged incident that you witnessed:

_____

_____

_____

_____

_____

Signature of Witness: _____ Date: _____

Witness Name (Print): _____