Construction Contractor Accident/Property Damage Report

National Park Service (NPS) - Denver Service Center (DSC) | 11-27-23

|  |  |
| --- | --- |
| Date: |  |
| Name of Reporter: |  |
| Title of Reporter: |  |
| Construction Contractor: |  |
| Date & Time of Accident/Incident: |  |
| Location: |  |
| Injured Party (if applicable): |  |
| PMIS Number: |  |

(Project Management Information System)

|  |  |
| --- | --- |
|  | **Description of accident/incident:** |
|  |  |
|  |  |
|  | **Circumstances surrounding accident/incident:** |
|  |  |
|  |  |
|  | **Specific injuries/damages:** |
|  |  |
|  |  |
|  | **Types of injuries/damages:** |
|  |  |
|  |  |
|  | **Emergency services first aid:** |
|  |  |
|  |  |
|  | **Hospital services/emergency stabalization needed:** |
|  |  |
|  |  |
|  | **Hospital stay duration/repair effort duration:** |
|  |  |
|  |  |
|  | **Time loss expected and duration:** |
|  |  |
|  |  |
|  | **Property damage involved:** |
|  |  |
|  |  |
|  | **Estimated dollar amount of damages:** |
|  |  |
|  |  |
|  | **Corrective actions taken:** |
|  |  |
|  |  |
|  | **Construction Contractor Reporting:** |
| Name: |  |
| Date: |  |
|  |  |
|  | **Other Reporting Personnel:** |
| Name: |  |
| Title: |  |
| Date: |  |
|  |  |
|  | **Additional Comments** |
|  |  |

**Attach copies of any additional information, including photos.**