

344 Third Street Baton Rouge, LA 70801 Phone: 225-757-0480 MAPPconstruction.com

MAPP INCIDENT REPORT

SECTION 1

Incident No.			Job Nar	ne:	
Incident Date			Jol) #:	
Incident Time			Compa	nv.	
meident inne			Compa	ily.	
Job Site Address					
Job Site Address					
W					
Weather Conditions					
Hire Date		Emp	oloyee(s) Na	me	
Employee BD			Job Ti	tle:	
Witness Name(s) and				
Com	pany:				
	'				
Property Damage Occu	rring:				
, ,	<u> </u>				
Supervisor's & Employee's Description of Incident: (use separate sheet if necessary) WHO? WHAT? WHERE? WHEN? WHY? HOW?					
			dent: (use se	parate sheet i	if necessary)
			dent: (use se	parate sheet	f necessary)
			dent: (use se	parate sheet	if necessary)
			dent: (use se	parate sheet	if necessary)
			dent: (use se	parate sheet	f necessary)
WHO? WHAT? WHERE? W		HOW?			
WHO? WHAT? WHERE? W		Envir	onmental	parate sheet	of necessary)
WHO? WHAT? WHERE? W		Envir			
WHO? WHAT? WHERE? W		Envir	onmental		
Injury / Illness First Aid Restricted Day		Envir	onmental		
Injury / Illness First Aid Restricted Day Medical Treatment		Envir	onmental		
Injury / Illness First Aid Restricted Day		Envir	onmental		
Injury / Illness First Aid Restricted Day Medical Treatment		Envir	onmental		
Injury / Illness First Aid Restricted Day Medical Treatment		Envir	onmental		
Injury / Illness First Aid Restricted Day Medical Treatment Lost Time SECTION II	HEN? WHY?	Envir	onmental		
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MAPP INCIDENT REPORT

Root Cause(s) of Incident (See also Section VI)				

SECTION IV

Corrective Action(s) Taken Recommended	Assigned To	Target Date	Completion
1			
2			
3			
4			
5			
6			

SECTION V

Injury Nature	Во	dy Part			Acci	dent Type
Abrasion		Abdomen		Respiratory		Caught in-under-between
Allergic reaction		Ankle		Shoulder		Contact with hot liquid
Amputation		Arm		Spine		Contact with sharp object
Chemical Burn		Back		Throat		Contact with electricity
Concussion		Chest		Wrist		Exposure to chemical
Contusion		Ear				Exposure to gas
Electric shock		Elbow				Exposure to cold object
Eye irritation		Eye				Exposure to hot object
Foreign body		Finger				Fall from elevation
Fracture		Foot / Toes				Fall (other)
Heat / Cold Stre	ss	Groin				Slip / Trip
Hernia		Hand				Inhalation
Inflammation		Head				Lifting
Inhalation		Knee			Pinching	
Laceration		Mouth/ Teeth			Pushing / Pulling	
Sprain		Multiple Parts			Splash	
Thermal Burn		Neck				Struck against / by
Other- Heart Att	ack	Nose				Vehicle Accident
_						Other



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SECTION VI

DID	ECT CAUSE				
אוט					
Unsafe Acts			Unsafe Conditions		
	Improper use of tool		Flammable Atmosphere		
	Defective Tool / Equipment		Oxygen rich / deficient		
	Failure to use proper PPE		Toxic Atmosphere		
	Improper body position		Inadequate Illumination		
	Improper Lifting / Placing		Poor Housekeeping		
	Removing guard		Congested work area		
	Defeating safety device		Worn / Defective Tool		
	Servicing Live Equipment		Work / defective equipment		
	Horseplay		Ineffective guard or barricade		
	Shortcut / Hurrying		Missing / lack or guarding		
	Horseplay		Failure to Post Barricades or Warning Signs		
	Shortcut / Hurrying		Ineffective guard or barricade		
	Fatigue		Unsafe Act / Condition caused by other person		
	Unauthorized Use of Equipment		Other:		
	Failure to Correct Hazard or Condition				
	Failure to follow procedure				
	Other: Personal Conditions				

INDIRECT CAUSE – LACK OF:

Training	Resources	Belief
No Training	Time	Poor Moral
Poor Training	Tools	Peer pressure
Refresher needed	Equipment	Awareness
Not Understood	Material	Other:
Other:	Manpower	
	Other:	

SECTION VII

Additional Note:			
Superintendent Signature	Date	Employee Signature	Date
Project Manger Signature	Date	Signature of HSE Manger	Date