



PROPERTY DAMAGE INVESTIGATION REPORT

This Property Damage Investigation Report is to be filled out for **ALL** types of incidents including, but not limited to, water damage, personnel, and equipment.

***Incident must be reported within 4 hours and investigation must be completed and submitted within 24 hours.**

Type of Incident:

☐ Water Damage

☐ Equipment

☐ Personnel

(Office Use Only)

EMPLOYEE INFORMATION:

Employee Name: _____

Job Title: ☐ Journeyman ☐ Apprentice ☐ Other: _____ Date of Birth: _____

Trade: ☐ Pipe Fitter ☐ Plumber ☐ Sheet Metal ☐ Other: _____

Home Address: _____ Sex: M / F Date of Hire: _____

City/State/Zip Code: _____ Years in occupation: _____

Contact Number: _____

PROJECT INFORMATION:

Job Name: _____ Job #: _____

Job Address: _____ Length of time on job site: _____

Exact location of incident (Bldg/Level/Area): _____

Supervisor's Name: _____ Project Manager: _____

INCIDENT INFORMATION:

Date of Incident: _____ Time of Incident: _____ am / pm Date Reported: _____

Type of Incident: _____ Nature of Incident: _____ Time Reported: _____ am / pm

Description of incident: _____

Investigation Conducted by: _____ Email: _____

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Employee Statement

Employee Name: _____ Job Number: _____

Title: _____ Trade: _____ Date of Incident: _____

Job Name: _____ Time of Incident: _____

1. Where were you when the incident occurred? _____
2. What activity were you performing at the time of the incident and what happened?

[illegible]

3. Was equipment involved in the incident? ☐ Yes ☐ No

If yes, please provide the following information:

Type of Equipment:		Serial Number:	
Model:		Owner of Equipment:	

Is a certification required to operate equipment? ☐ Yes (Provide a copy of certification) ☐ No

4. What do you think could have been done to prevent this type of incident from occurring?
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Employee signature: _____ **Date:** _____

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Witness Statement

Witness Name: _____		
Title: _____	Trade: _____	Job Name: _____
Home Address: _____		Date of Incident: _____
Phone #: _____		Time of Incident: _____
Employer Name: _____		
Employer Phone #: _____		

- 1. Where were you when the incident occurred? _____
- 2. What activity were you performing at the time of the incident? _____
- 3. What activity was the injured employee performing? _____
- 4. Name of witnesses and/or other employees working in the area when the incident occurred:

Name	Email or Phone Number	Company

WITNESS Statement:

Signed by witness: _____ Date: _____