

Accident Form 173

IBEW Safety Reporting System



Injured person Info

Local Union #

Local with Jurisdiction

Age of Injured

Job Title

Event Information

Type of Injury

Job Injury Location

Disability

Days of work missed

Narrative

Agency Name: if accident is under investigation

Citation(s): Has citation been issues by any agency? If so, which one?

Employer Info

Company Name

City

State/Province

Type of Employer

Date of Injury

Crew Size