



IBEW LOCAL 58 INCIDENT AND ACCIDENT REPORT

Weather: _____ Type of Work?: Inside _____ Outside _____

General Contractor: _____

Job Name: _____

Job Location: _____

Job Foreman: _____

Taken to hospital?: Yes _____ No _____ What hospital?: _____

Address of hospital: _____

Witnesses: _____

Additional Information: _____

Company Representative (Print Name)

Company Representative Signature

Workers' Compensation Number

Union Steward

Member's Name and Card #

Member's Signature