



Sonic Systems International, LLC

1880 Dairy Ashford, Suite 207 · Houston, Texas 77077 · 281-531-7611

Form 6

ACCIDENT / INCIDENT INVESTIGATION & ASSESSMENT REPORT (FIRST REPORT OF INJURY)

- 1) Employee Name: _____ Employee Phone Number: _____
Employee Address: _____ Employee Email Address: _____
- 2) Employee Marital Status: _____ Number of Dependents Under Age 18: _____
- 3) Employee Date of Birth: _____
- 4) Employee Date of Hire: _____ Job/Title: _____
- 5) Time employee started work: _____
- 6) Date and Time of Accident/Incident: _____
- 7) Address Where Accident Occurred: _____
- 8) Supervisor Name, and date the accident was reported to supervisor: _____
- 9) Was the employee instructed on the hazards of this job? Yes No
- 10) Call SSI Supervisor to report injury immediately:

Kerry Hinshaw 910-520-2927	Paul Nappi 803-412-5750	Scott Gowdy 910-398-1862
Kevin Reynolds 910-547-9988	Tina East 346-297-4139	Mike Gunther 910-685-5707
Brad Rose 346-357-4600	Eddie Fetter 346-461-7996	Steven Adams 619-251-6899
Bruce Schlueter 847-997-2670		
- 11) **Employee MUST be evaluated by a medical professional (doctor) and given a written release to return to work. A copy of which must be provided to the SSI Supervisor before resuming work activity of any kind.**
- 12) Severity of injury or illness: First aid Reportable Lost time Fatality
- 13) Site name: _____
Site address: _____
- 14) Type of injury or illness:

<input type="checkbox"/> Strain	<input type="checkbox"/> Bruises/Cuts	<input type="checkbox"/> Chemical inhalation	<input type="checkbox"/> Broken bones
<input type="checkbox"/> Eye injury	<input type="checkbox"/> Chemical burns	<input type="checkbox"/> Back injury	<input type="checkbox"/> Radiation exposure
<input type="checkbox"/> Loss of Consciousness		<input type="checkbox"/> Heat Exhaustion or Heat Stroke	
<input type="checkbox"/> Other:			
- 15) Cause of accident/incident:

<input type="checkbox"/> Employee error	<input type="checkbox"/> Supervisor responsibility	<input type="checkbox"/> Management responsibility
<input type="checkbox"/> Mechanical Design	<input type="checkbox"/> Mechanical Failure	<input type="checkbox"/> Lack of protective clothing or equipment
<input type="checkbox"/> Other:		

16) Name of Physician or other health care professional: _____



Sonic Systems International, LLC

1880 Dairy Ashford, Suite 207 · Houston, Texas 77077 · 281-531-7611

- 17) Was employee treated in the emergency room? (yes/no): Yes No
- 18) Was the employee hospitalized overnight as an in-patient? (yes/no): Yes No
- 19) What was the employee doing before the incident occurred be specific. *Describe the activity as well as the tools, equipment or materials that the employee was using.*

- 20) Brief description (location & cause) of accident/incident be specific. *Describe what object or substance directly harmed the employee.*

- 21) What was the direct cause of the injury:

- 22) What was the injury or illness (body part that was affected and how it was affected)? *Examples: "strained back", "burned hand".*

- 23) What has been done to prevent a reoccurrence of this type of accident/incident?

- 24) When did you first visit the site of the accident/incident: Date: _____ Time: _____
- 25) Please list any witnesses' names and contact info, and obtain signed and written statements from them:

- 26) Print supervisor's name and contact info:
- 27) Signature of Supervisor (or person completing this report):

_____ Name/Title: _____ Date: _____

Any reoccurrence or subsequent medical attention must be reported IMMEDIATELY!

Fax or Email this completed form to your SSI Supervisor:

FAX # SSI Wilmington: 910-222-3076

FAX # SSI Houston: 281-531-6621