



Incident / Accident Report

General Information			
First Name	MI	Last Name	
Candidate ID (ZZZ-99999)	Email		Phone
Employer	Dates of Employment From: _____(MM/YYYY) To: _____(MM/YYYY)		
Street Address			
City		State	Zip

Incident / Accident Information		
Date of Incident / Accident (mm/dd/yyyy)	Time of Incident (00:00) AM/PM	
# of Personnel Involved	# of Personnel or Bystanders Injured	# of Personnel or Bystanders Deceased
Who was named to be at fault? <input type="radio"/> Operator <input type="radio"/> Rigger <input type="radio"/> Signalperson <input type="radio"/> Other:		
What were you doing immediately prior to the incident?		
Explain the incident:		
Equipment Damage:		
Nature of Injuries or Deaths, if any:		
Disciplinary Actions you received, if any:		

Agreement	
By signing below, I confirm that the information above is true and accurate.	
Operator Signature	Date
Supervisor Signature	Date

Remit to: help@ciert.com. For assistance, call 407.878.5590.