

Contractor Work Zone Incident Form



This form shall be completed for any Contractor work zone incident whether encroachment or intrusion. This form shall be completed in conjunction with the Contractor Incident Notification Form, Contractor Incident Investigation Form (if it is an intrusion, the Investigation Form is voluntary for Encroachment Incidents) and provided electronically to the appropriate NiSource Safety Representative.

CONTRACTOR COMPANY NAME

DATE OF INCIDENT

TIME OF INCIDENT

WHEN WAS THE INCIDENT?

WHO SET UP THE WORK ZONE?

List Contract Company or Traffic Control Company Name

WAS THERE AN INJURY AS A RESULT OF THE INCIDENT?

WAS THERE PROPERTY EQUIPMENT DAMAGE AS A RESULT OF THE INCIDENT?

WHAT WORK ZONE LEVEL WAS ESTABLISHED?

HOW LONG HAD THE WORK ZONE BEEN ESTABLISHED?

WAS THIS AN ENCROACHMENT OR INTRUSION?

INCIDENT CAUSED BY

INCIDENT LOCATION

WORK ZONE TYPE

LANE WIDTH IN FEET

NUMBER OF LANES

SPEED LIMIT

VEHICLE SPEED

VISIBILITY CONCERNS

WEATHER CONDITIONS

ROADWAY TYPE

TRAFFIC VOLUME

WORK DURATION

INTRUSION TIME CATEGORY

WORK ZONE INCIDENT DESCRIPTION (1000 Characters)

PLEASE ATTACH A VISUAL REPRESENTATION OF THE WORK ZONE

VISUAL ATTACHED

FORM COMPLETED BY

CONTACT INFORMATION