

# Evergy Generation Division

## Contractor Initial Report of Incident, Accident, Near Miss Reporting Form Instructions

RETURN ALL COMPLETED DOCUMENT/REPORTS TO: Bo Freece, Construction Safety @ [bo.freece@evergy.com](mailto:bo.freece@evergy.com) and cc [contractorsafety@evergy.com](mailto:contractorsafety@evergy.com).

### Accident Reporting and Investigation

1. In the event of a work-related incident resulting in a Contractor employee injury or near miss, Contractors shall notify their Appointed Evergy Representative immediately.
2. Contractors shall provide the Evergy Construction Safety Representative or Appointed Evergy Representative with an *initial report of incident, in writing, within 24 hours of the accident*. Hard copy or electronic formats are acceptable. (Form attached).
3. A copy of the Pre-Task Planning (PTP), JSA or JHA form associated with the incident shall accompany the injury report.
4. *Contractors shall initiate an incident investigation within 24 hours of the accident*. If this requirement cannot be met, Contractor shall communicate this to the Evergy Construction Safety Representative or Appointed Evergy Representative in writing. This communication shall include the issues causing delay and an identified initiation date agreed to by Evergy Construction Safety Representative or Appointed Evergy Representative.
5. *Contractors shall provide a completed accident investigation report within three (3) working days of the incident*. In the event their investigation requires more time to investigate due to the complexity of the incident, Contractors shall communicate this to the Evergy Construction Safety Representative or Appointed Evergy Representative in writing. This communication shall include the issues causing the delay and an estimated investigation completion date.
6. The incident investigation report shall contain the corrective measures to be implemented by the Contractor to prevent a recurrence. The Contractor may provide a separate document to meet this requirement. In either case, *the implementation schedule for the corrective actions shall be submitted within three (3) working days*. If more time is needed to implement the corrective actions, the Contractor shall notify the Evergy Construction Safety Representative or Appointed Evergy Representative in writing. This communication shall include the issues causing the delay and an estimated completion date. In the case of delayed reporting, the Contractor shall notify the Appointed Evergy Representative or the Evergy Construction Safety Representative.

### First Aid Cases

1. All first aid injuries shall be documented for record keeping purposes.
2. In the event a first aid case develops into a Contractor employee injury, Evergy will require that the accident reporting and investigation procedure be initiated as outlined previously.

### Additional Information

Contractors will maintain a monthly list identifying all first aids, near misses, recordable injuries, and total man hours worked. This information shall be provided on company letterhead or via e-mail to the Evergy Construction Safety Representative upon request.



**Generation Division**  
**Contractor Initial Report of Incident, Accident, Near Miss Reporting Form**

**THIS FORM MUST BE COMPLETED AND RETURNED WITHIN 24 HOURS OF AN INCIDENT, ACCIDENT OR NEAR MISS TO bo.freece@evergy.com and contractorsafety@evergy.com.**

Date of Incident/Accident/Near Miss:	- -	Time of Incident	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Location where Incident / Accident / Near Miss Occurred?			
Contractor Companies Involved:			
Contractor Employee name:		Trade Classification:	Last (5) SOC# :
Incident <input type="checkbox"/> Yes <input type="checkbox"/> No	Accident <input type="checkbox"/> Yes <input type="checkbox"/> No	Near Miss <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was property or equipment damaged? <input type="checkbox"/> Yes <input type="checkbox"/> No		OSHA Recordable Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did the Contractor employee have to stay overnight in the Hospital? <i>(If, yes, indicate hospital name and location below where employee is being treated)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Appointed Contractor Safety Representative or Manager managing project:			
Appointed Evergy Representative managing project:			
Briefly, describe how the Incident / Accident / Near Miss occurred:			
What was the project work schedule:			
Weather conditions at the time of occurrence:			
Has Contractor completed their accident investigation report?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate all of the following that contributed to the Incident / Accident / Near Miss:			
<input type="checkbox"/>	Lockout/Tagout	<input type="checkbox"/>	Improper Maintenance
<input type="checkbox"/>	Poor Ventilation	<input type="checkbox"/>	Horseplay
<input type="checkbox"/>	Improper PPE	<input type="checkbox"/>	Defective Machinery
<input type="checkbox"/>	Unsafe Area	<input type="checkbox"/>	Violation of Safety Rules
<input type="checkbox"/>	Other (identify)		
<input type="checkbox"/>	Poor Housekeeping		
<input type="checkbox"/>	Inoperative Safety Device		
<input type="checkbox"/>	Improper Training		
<input type="checkbox"/>	Operating Without Authority		
<input type="checkbox"/>	Failure to Secure		
<input type="checkbox"/>	Unsafe Process		
<input type="checkbox"/>	Improper Guarding		
<input type="checkbox"/>	Defective Equipment		
What corrective actions have been taken to ensure this type of Incident / Accident / Near Miss does not reoccur?			
Was work stopped or shut down?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate duration	
Are photos of the Incident / Accident / Near Miss attached?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is additional documentation attached (i.e. JSA's, Contractor Report, Training Doc's, weekly safety inspections)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did OSHA or any other governing authority conduct an investigation?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>FORM COMPLETED BY:</b>			
Contractor Company:		Contractor Company Representative:	
Phone No:	- -	E-Mail:	@ .com