



Golder Acoustics Inc.  
 6882 S Airport Road Suite A  
 West Jordan, UT 84084

Name of Injured Person \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

What part of the body was injured? Describe in detail. \_\_\_\_\_

What was the nature of the injury? Describe in detail. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe fully how the accident happened? What was employee doing prior to the event? What equipment, tools being using? \_\_\_\_\_

\_\_\_\_\_

Names of all witnesses: \_\_\_\_\_

Date of Event \_\_\_\_\_ Time of Event \_\_\_\_\_

Exact location of event: \_\_\_\_\_

What caused the event? \_\_\_\_\_

\_\_\_\_\_

Were safety regulations in place and used? If not, what was wrong? \_\_\_\_\_

\_\_\_\_\_

Employee went to doctor/hospital? Yes No

Doctor's Info \_\_\_\_\_

Hospital Name \_\_\_\_\_

Recommended preventive action to take in the future to prevent reoccurrence.

\_\_\_\_\_

\_\_\_\_\_

Foreman Signature

Date