



**WORKERS' COMPENSATION FOLLOW UP INVESTIGATION REPORT  
NJSDA FORM 1108B**

**INSTRUCTIONS:** *The Prime Contractor Safety Coordinator and Inspector, and with the subcontractor Competent Person/Foreman-in-Charge, if applicable, shall complete this form. Completion of Form 1108B is required within 48 hours of date of incident. All original incident investigation documentation shall be kept on-site with the Prime Contractor. Copies shall be electronically forwarded to the NJSDA OCIP Carrier, the CM, assigned NJSDA Field Compliance Inspector, and the NJSDA RMU or designee.*

**CLAIM INFORMATION:**

Date of Incident (mo/day/yr): ___/___/____	Time of Incident: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Project Site:
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Employer:	Employee's Name:	Occupation:
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Accident Description:	Type of Injury/Illness:
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**INVESTIGATION ANALYSIS:**

Were photos taken? <input type="checkbox"/> YES <input type="checkbox"/> NO	By whom?:
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Name, address and phone number of all witnesses to the incident: *(Use separate sheet if necessary)*

Any contributing factors to incident (e.g. unsafe work conditions, unsafe acts of employee, or other):

**JOB HAZARD ANALYSIS REVIEW**

Is there a JHA that applies to the task being performed when the injury or incident occurred?  YES  NO  
*If yes, review the JHA, answer the following questions, and attach a copy to this report.  
If no, please explain why the JHA was not required for the task.*

Were hazards sufficiently identified? *If not, please explain on separate sheet.*  YES  NO

Were identified controls adequate and implemented? *If not, please explain on separate sheet.*  YES  NO

Were the identified controls not implemented? *If not, please explain on separate sheet.*  YES  NO



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**CORRECTIVE ACTIONS:**

I have taken the following  temporary  permanent immediate actions to reduce recurrence *(explain in detail)*:

I recommend the following actions to prevent recurrence and anticipate completion by \_\_/\_\_/\_\_\_\_ date: *(explain in detail – be specific as to what would prevent the injury, incident, or damage from occurring again)*:

**CORRECTIVE ACTIONS TRACKING:** *(All blocks must be filled in and information verifiable)*

<i>Briefly list action(s) from above that have or will be taken to prevent a reoccurrence:</i>	Assigned to Whom	Scheduled Completion Date	Actual Completion Date	Follow-up Date



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Any contributing factors to incident, i.e. equipment/tools, unsafe acts of employee, or other:

**SIGNATURES:**

Prepared by: \_\_\_\_\_

Company Name: \_\_\_\_\_

Forman's Name (please print): \_\_\_\_\_

Foreman's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Safety Manual reference:*  
Page 17, 9.3 Accident Investigation.

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