



**PROPERTY DURING CONSTRUCTION (Builders' Risk) INCIDENT REPORTING FORM  
NJSDA FORM 1110**

**INSTRUCTIONS:** *The Prime Contractor should complete this form with the assistance of any subcontractor Foreman if needed. Completion of this form must be done immediately upon notification of incident and electronically sent to the following within 24 hours of event: NJSDA assigned Field Compliance Inspector, NJSDA RMU and the CM. Original to be filed at the site by the Prime Contractor. Safety Manual reference sections are listed on last page of form.*

**INCIDENT 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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Describe in detail how incident occurred (*Who was involved, when and where the incident happened, what happened, and how, include any machines, tools, materials or other important details*):

Contractor and employees involved in incident:

**WITNESS(ES):**

Name, address and phone number of all witnesses to the incident: (*Use separate sheet if necessary*):



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**PRIMARY CAUSE:**

What condition or act caused the incident:

Equipment involved:

Amount of estimated loss: \$ \_\_\_\_\_

Were photos taken? (*Attach photos to this form.*)

YES  NO

By whom?:

Police notified?

YES  NO

Report or file no.:

Comments:

**CORRECTIVE ACTIONS:**

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



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

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

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

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

Company name: \_\_\_\_\_

Foreman's name (please print): \_\_\_\_\_

Foreman's signature: \_\_\_\_\_

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