

JOB INFORMATION

Incident Date: _____ Show Name: _____ Venue Name: _____

Venue Type: *(select one)*

Amphitheater	Arena	Convention Center	Festival / Fairgrounds
Hotel / Ballroom	Stadium	Studio	Tent / Shed
Theater	Warehouse	Other _____	

Call Size: _____ Call Class: IN SHOW OUT

PERSON DIRECTLY INVOLVED

Name: _____ Phone: _____ Email: _____

Call Time: (24 hr): _____

Scheduled Position: *(select one)*

Stagehand or similar	Supervisor or similar	Aerial Lift Op	Truck Driver
Rigger or similar	Conversion Tech	Forklift Op	Loader
Flyrail Op	Other _____		

PPE in Use: *(select all in use)*

Hard Hat / Helmet	Hi-Vis Vest	Full-Fingered Gloves	Safety-Toe Boots
Ice Cleats	Fall Protection	Ear Protection	Eye Protection
Other PPE _____			

INCIDENT INFORMATION

Incident Type: Injury/Illness Property Damage Behavior

Incident Time: (24 hr) _____

Incident Location: *(select one)*

Backstage	Fly System	Front of House	Loading Dock
Offsite	Parking Lot / Street	Permanent Structure	Push Line
Stage	Temporary Structure	Other _____	

** Submit this report **WITHIN 24 HOURS**

*** **PHOTOS**, incident report form, and supporting documents **MUST BE EMAILED TO:** hr@armstronghall.com

Job #: _____

Description of Incident: *(factual statement)*

IF PROPERTY DAMAGE *(Please email photos to: hr@armstrong.com)*

Property Description: *(include serial numbers)*

Damage Description:

Property Owner Name: _____ Contact Info: _____

INJURY/ILLNESS INFORMATION

Event or Exposure: *(select one; refers to how the injury/ illness was produced or inflicted)*

Prior Injury	Workplace Violence	Transportation	Harmful Exposure
Rubbed/Abraded	Self-Inflicted	Fall to Lower Level	Struck By
Overexertion/Body Reaction	Bite/Sting	Slip/Trip/Fall	Caught/Compressed Between

Primary Source of Injury: *(the object, substance, equipment, or other factor responsible for the injury/ illness)*

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Job #: _____

Nature of Injury: *(select all that apply; refers to the principal physical characteristic of the injury/illness)*

Open Wound (skin tear, laceration, puncture, etc.)	Surface Wound (scratch, abrasion/scrape, bruise, etc.)	Traumatic Injury (numbness, tingling, soreness, swelling, inflammation, etc.)
Burn (chemical, electrical, or thermal)	Environmental Effect (heat illness, dehydration, sunburn, etc.)	Disease/Disorder (stroke, hemorrhoid, bacterial/viral disease, allergy, etc.)
Broken Bone (fracture, break, teeth, etc.)	Musculoskeletal Injury (dislocation, muscle spasm, etc.)	Sprain/Strain/Tear (overstretched or torn ligament, tendon, or muscle)
Other _____		

Body Area Affected: *(select all that apply)*

Head/Face	Shoulders/Arms	Legs
Eyes	Wrists/Hands	Ankles/Feet
Neck/Throat	Trunk	Body Systems

Side: *(if applicable)* Left Right Both

MEDICAL INFORMATION

Describe First Aid Provided On Site:

Who provided first aid?

Self-Care Armstrong Hall Employee Onsite EMS Other _____

Does the injured person plan to seek additional medical care? Yes No

SIGNATURES

Employee

Manager or Witness

Signature _____

Signature _____

Name _____ Date _____

Name _____ Date _____

My signature certifies the information on this form is true and complete to the best of my knowledge.

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