STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

MAJOR CONSTRUCTION INCIDENT NOTIFICATION

CEM-0603 (NEW 3/2001)

URGENT - DELIVER IMMEDIATELY

FAX this form (no cover sheet) IMMEDIATELY to:

- **Headquarters Office of Safety and Health @ 916-227-2639, CALNET 8-498-2639**
- **Construction Program Manager/Safety Coordinator @ (916) 654-6345, CALNET 8-464-6345**
- **District Construction Safety Coordinator @** _____

Follow district procedure for notifying personnel within your area. Completion of this form does not relieve the federal and Cal/OSHA reporting requirements. See the construction and safety manuals for more information on reporting requirements.

Report

Report Date ___ / ___ / ____ Report Time ___ : ___ ☐ AM ☐ PM

☐ Initial Report ☐ Updated Report ☐ Final Report

Person Preparing Report _____ Phone # (___) - ____ - ____

Incident Site Information

Incident Date ___ / ___ / ____ Incident Time ___ : ___ ☐ AM ☐ PM

Location: District/Co./Rte/Kilo or Mile Post ____ /____ /____ /_____ Direction: ☐NB ☐SB ☐EB ☐WB

Weather _____

Resident Engineer _____ Phone # _____

Prime Contractor _____ E.A. # _____

Is incident within a construction zone? ☐ Yes ☐ No

Describe nature of work:

_____

_____

CHP Officer: I.D. # _____ CHP Report # _____

	STATE	CONSULTANT	CONTRACTOR	PUBLIC
FATAL				
SERIOUS				

Name of Hospital: _____

Description (facts only-use additional sheet if necessary)

_____

_____

_____

_____

_____

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ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

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INSTRUCTIONS

Use this *fax report form* to report any fatal or serious accident or any accident with the potential to be fatal or disabling. The "Person Preparing Report" is to FAX the information to the Headquarters Office of Safety and Health, the Construction Program, and the district construction safety coordinator. Fax an Initial Report immediately, even if information is minimal. The *Initial Report* is intended to notify management as-soon-as possible. An *Updated Report* may be used to provide supplementary information when deemed necessary. Follow district procedure for notifying personnel within the district.

INCIDENTS TO BE REPORTED USING THIS FAX REPORT FORM (no cover sheet)

- Incidents involving death or serious injury to a state or a consultant employee or resulting in the death of a contractor's employee. Telephone in notice of the incident, in advance of the fax when possible:
  1. Phone HQ - Office of Safety & Health @ 916-227-2640
  2. Phone HQ - Construction Program Manager/Safety Coordinator@ 916-654-2157/916-654-4580
  3. Phone District Construction Management/Safety Coordinator @ _____
- Incidents resulting in serious injury to a contractor's employee
- Incidents involving serious damage to equipment owned by the state, consultants or the contractor.
- Incidents resulting in the serious injury or death of a member of the public within the construction zone, or influenced in any manner by construction-related activities, conditions, equipment or personnel.
- All catastrophic type of incidents or incidents receiving wide media coverage.
- Incidents which may result in a significant delay to the traveling public.
- Incidents with no injuries, but with a high potential for being fatal or disabling include, but are not limited to: false-work or guying system failures, overturned cranes, high-voltage contacts, trench excavation or shoring failures, gas or fuel line fire or explosions, hazardous utilities breaks, and collisions with structures under construction or their supporting false-work that cause displacement of a major member.

A SERIOUS INJURY IS ANY INJURY MEETING ONE OF THE FOLLOWING CRITERIA:

- The injured person misses three days or more of work (submit report if deemed possible).
- Two or more employees miss more than one day of work (submit report if deemed possible).
- Any injury resulting in hospital admission other than for medical observation. If the medical condition of the victim is unknown, but the victim was transported by ambulance then the injury should be considered as serious until more information becomes available.

REQUIRED CONTENT OF FAX REPORT FORM

- Contact information about person preparing report (name, and phone number).
- Contract identification (contract number, any federal project number, county, route, and kilo-post limits, resident engineer, and the prime contractor).
- Basic incident information (date, time, specific location, and prevailing weather conditions). This should be in sufficient detail to enable the Construction Program to obtain the California Highway Patrol's or local police report if necessary.
- Names of the persons involved in the incident and their affiliation with the contract (contractor, consultant, state employee, or private citizen).
- Description of the incident and how it occurred **(facts only)**.
- Identification of other agencies making an investigation, and the names, badge numbers and report numbers when this information is available.

The resident engineer should take sufficient photographs or videotapes to document the conditions that existed at the time of the incident, including all signing and traffic control features that may have been in effect at the time of the accident. Depending on district policy and the nature and severity of the accident, additional documentation may be required. The construction safety coordinator should be consulted for additional information in such cases.