



# Incident / Accident Report Form

General Information			
First Name	MI	Last Name	
Candidate ID (ZZ-99999)	Email	Phone	
Employer	Dates of Employment		
Address			
City	State	Zip	

Incident / Accident Information		
Date of Incident / Accident (mm/dd/yyyy)	Time of Incident (00:00)	
No. Personnel Involved	No. Personnel Injured	No. Personnel Deceased
Who was named to be at fault? <input type="radio"/> Operator <input type="radio"/> Rigger <input type="radio"/> Signalperson <input type="radio"/> Other: _____		
What were you doing immediately prior to the incident?		
Explain the incident:		
Equipment Damage:		
Nature of Injuries or Deaths, if any:		
Disciplinary Actions you received, if any:		

Agreement	
By signing below, I am stating the above information is true and accurate.	
Signature	Date
Supervisor Signature	Date

**Remit to:** help@bicert.com  
for assistance call, 844-546-3362