

IBEW Local 716 – Form 173 Supplemental

Instructions to Worker, Steward or Supervisor

1. Fill out this form immediately in case of a serious lost time accident or fatality.
2. This form must be filled out by the injured worker or if impaired, by his / her Steward or immediate field supervisor.
3. Return to Local 716 Safety Committee within 24 hours of the incident.

*Note: This form is required by the IBEW Constitution (Article XV, Section 15) and Article IV Section 4.07 a.) Current CBA

FAX FORM TO: 713-868-6342 ATTN: Safety Committee or email: randy@ibew716.net

Report of Occupational Injury, Illness or Fatality

Injured Person Information

Age: _____ Job Title (JW, CW/CE, App.): _____

Employer Information

Company Name: _____

City/State: _____

