



CHICAGOLAND ROOFING COUNCIL
LOCAL #11



FOREMAN ACCIDENT REPORT

Member Name: _____

Date and Time of Injury: _____

Type of Injury: _____

Brief Description of What Happened: _____

Job Address: _____

Hospital taken to: _____

Contractor: _____

Signed by: _____

Foreman (Please Print Also)

FAX TO: Gary McHugh, Local No. 11 (708) 345-0981

PLEASE GIVE A COPY TO YOUR EMPLOYER.