



# IDEAL READY MIX COMPANY, INC.

P.O. Box 416 • 3902 W. Mt. Pleasant Street • West Burlington, IA 52655  
319-754-4747 • Fax 319-754-4872



Call Charley  
The Ideal Man!

PLANT # \_\_\_\_\_

DATE \_\_\_\_\_

## NON-HIGHWAY ACCIDENT

Jobsite Name: \_\_\_\_\_

Jobsite Location – City: \_\_\_\_\_ State: \_\_\_\_\_

Truck #: \_\_\_\_\_

Truck Type: \_\_\_\_\_

Employee Name/Job Title: \_\_\_\_\_

Time Shift Started: \_\_\_\_\_ AM PM Overtime? Yes  No

Date of Accident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ AM PM

Length of Service on Job with Ideal Ready Mix: \_\_\_\_\_ (years) \_\_\_\_\_ (months)

Incident Location: \_\_\_\_\_

Witness(es) & Contact Info (Job Site Owner, Employee(s), etc.): \_\_\_\_\_

Equipment Involved: \_\_\_\_\_

Damage/Cost: \_\_\_\_\_

Incident Description: \_\_\_\_\_

I will take the following action(s) to prevent any future accidents: \_\_\_\_\_

Was Personal Protective Equipment Being Used? Yes  No  If "NO", explain.

What Safety Training was provided to the Employee? \_\_\_\_\_

All Documentation Completed (First Report of Injury or Illness, Diagram on Back, Pictures): Yes  No

Plant Manager Completed By: \_\_\_\_\_  
(SIGNATURE)

Date of this Report: \_\_\_\_\_

Area Manager: \_\_\_\_\_  
(SIGNATURE)

Date of this Report: \_\_\_\_\_

### Area Offices

Chariton  
641-774-2242

Ottumwa  
641-683-3131

Fairfield  
641-472-5200

Burlington  
319-753-5426

Ft. Madison  
319-372-4183