ACCIDENT/INCIDENT INVESTIGATION REPORT

DATE OF REPORT	DATE OF INCIDENT	TIME OF INCIDENT ☐ AM ☐ PM
LOCATION OF INCIDENT		

INJURED OR ILL
NAME (FIRST) (MIDDLE) (LAST)

HOME ADDRESS (Street, City, State, Zip)

SOCIAL SECURITY #	**SEX** ☐ MALE ☐ FEMALE

OCCUPATION	**LENGTH OF EMPLOYMENT** (YR/MO)	**TIME IN JOB** (YR/MO.)

NATURE OF INJURY (PARTS OF BODY AFFECTED)

TYPE OF TREATMENT GIVEN and BY WHOM

WHERE SENT ☐ Hospital ☐ Home ☐ Other (specify)

NAME AND ADDRESS OF ATTENDING PHYSICIAN

NAME OF EYEWITNESS

PROPERTY DAMAGE (identify property damaged, describe nature of incident, estimate dollar value)

DESCIBE EVENTS LEADING TO INCIDENT, WORK IN PROGRESS, ACTUAL ACTS OF INJURED

LIST IMMEDIATE AND BASIC CAUSES (Acts & Conditions that contributed directly to the incident, reason for these causes to exist)

LIST THE CORRECTIVE ACTIONS THAT WILL BE TAKEN TO PREVENT A RECURRENCE.

EVALUATION	**SEVERITY POTENTIAL** ☐ Major ☐ Serious ☐ Not Serious	**PROBABLE RECURRENCE** ☐ Frequent ☐ Occasional ☐ Rare

INCIDENT CLASSIFICATION (to be completed by Health and Safety)
☐ Days off Work ☐ Restricted Work ☐ Medical Treatment ☐ First-Aid ☐ Property Damage ☐ No injury/near miss

Signature of Investigator	**Signature of Employee**
Signature of Immediate Supervisor	**Signature of Health and Safety**