

# ACCIDENT INVESTIGATION REPORT

Use this form to document the investigation of an accident, injury or near-miss incident.

Accident Information	
Name(s) of Injured Employee(s):	Date of Accident/Injury/Illness:
Work Area of Injured Employee(s):	Date Investigation Began:
Describe Nature of Accident, Injury or Illness:	
Part(s) of Body Affected:	
Describe Medical Treatment Administered:	
Witness Information	
Witness #1 Name:	Phone:
Witness's Description of Accident/Incident:	
Witness's Signature:	
Witness #2 Name:	Phone:
Witness's Description of Accident/Incident:	
Witness's Signature:	

## Investigation Results

List contributing factors/root causes:

Was a mandatory safe work practice violated? Yes  No

Was the unsafe condition, practice or protective equipment problem corrected immediately? Yes  No

If no, what has been done to ensure correction?

Do additional mandatory safe work practices need to be implemented? Yes  No

If yes, please describe safe work practice:

List corrective actions taken and date implemented:

Signature of Investigator:

Date:

Signature of Person Responsible for Corrective Actions:

Date: