

ACCIDENT INVESTIGATION REPORT

Report No. _____

Company _____

Address _____

1. Name of injured _____ S.S. No. _____

2. Sex M F Age _____ Date of Accident _____

3. Time of Accident _____ a.m. _____ p.m Day of Accident _____

4. Employee's job title _____

5. Length of experience on the job _____ years _____ months

6. Address of location where the accident occurred _____

7. Nature of injury, injury type and part of body affected _____

8. Describe the accident and how it occurred _____

9. Cause of the accident _____

10. Was personal protective equipment required? yes no

was it provided yes no

was it being used yes no If "no" explain _____

Was it being used as trained by supervisor or designated trainer? yes no If "no" explain _____

11. Witness(es) _____

12. Was safety training provided to the injured yes no If "no" explain _____

13. Interim corrective actions taken to prevent recurrence _____

14. Permanent corrective action recommended to prevent recurrence _____

15. Date of Report _____, 20____

Prepared by _____

16. Status and follow-up action taken by safety coordinator _____

Safety Coordinator (Signature) _____ Date _____

NOTES: _____

