

ACCIDENT INVESTIGATION REPORT

REPORT# _____

COMPANY: _____ ADDRESS: _____

1. Name of injured: _____ SS# _____

2. Sex: Male Female Age: _____ Date of accident: _____

3. Time of accident: _____ AM _____ PM Day of accident: _____

4. Employee's job title: _____

5. Length of experience on job: _____ (years) _____ (months)

6. Address of location where the accident occurred: _____

7. Nature of injury, Injury type and part of the 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. 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: _____ Prepared by: _____

16. Supervisor (Signature) _____ Date: _____

Status and follow-up action taken by safety coordinator: _____

Safety Coordinator (Signature) _____ Date: _____