

ACCIDENT INVESTIGATION REPORT

Employee Name		Location where injured	Manager/Supervisor		
Incident Date	Incident Time	Cause of Injury	Type of Injury	Part of Body	Days Lost
Location of Accident			Description of Accident		
Specific Location?					
Cause (s):					
EVENT PRECEEDING ACCIDENT?					
ACTIVITY AT TIME OF ACCIDENT?					
Equipment Failure Y - N		Training Needed Y - N		Time Element Y-N	Job Change Y-N
Preventive Measures/Person Responsible /Target Date					
Recommendations and suggestions:					
Employees' Recommendation to help prevent reoccurrence?					
Miscellaneous Notes:					
WITNESS(S) STATEMENT:					
Interviewers:				Date:	