

INCIDENT INVESTIGATION REPORT



The purpose of this report is to help prevent similar incidents from recurring, not to place blame. Make this report as accurate and thorough as possible. Remember, always follow-up with the appropriate corrective action(s).

Incident: Near Miss Injury Vehicle Property Other

First Aid Administered? Yes No By Whom? _____

Incident Date: _____ **Time:** _____ **AM / PM**

Employee: _____

Location/Department: _____

Occupation: _____ Months on this job: _____

Supervisor: _____

Where did the incident occur? _____

How did the accident occur? (What was the employee doing when injured?) _____

Describe the injuries or damage _____

Were there any witnesses to this incident? If yes, have statements been obtained from those witnesses?

Yes No

ANALYSIS AND ACTIONS TAKEN

Causes and contributing factors: _____

Corrective action(s) suggested: _____

Corrective action(s) taken and date: _____

Investigation Conducted by: _____ Date: _____

Report Reviewed by: _____ Date: _____