

ACCIDENT INVESTIGATION REPORT

REPORT # _____

COMPANY: _____

ADDRESS: _____

1. Name of injured: _____ S.S. #: _____

2. Sex: M F 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 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: _____

Supervisor (Signature) _____ Date: _____

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

Safety Supervisor (Signature) _____ Date: _____