

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: _____