

Accident/Injury Investigation Report

| | | |
|---|--------------------------|------------------------|
| Name | Injury Date & Time | |
| | Date Reported | |
| | Date Hired | |
| Address | Accident Location | |
| | Accident Department | |
| | Job Title | |
| Accident Description – Describe how incident occurred, body parts injured, nature of injuries. | | |
| | | |
| Witness Name & Statements | | |
| | | |
| Root Cause (Choose One) | | |
| <input type="checkbox"/> No policy or procedure in place to eliminate or control hazard. <input type="checkbox"/> Policy or procedure is in place but does not eliminate or control hazard. <input type="checkbox"/> Employee has not been trained on the policy or procedure. <input type="checkbox"/> Policy is in place but is not enforced. <input type="checkbox"/> Policy is in place, but employee did not follow. | | |
| Corrective Actions | | |
| | | |
| Person Responsible for Planned Corrective Actions: | Date to Complete: | Date Completed: |
| | | |

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Our safety evaluations, reports and recommendations are made solely to assist your organization in reducing hazards and the potential of hazards and accidents. These recommendations were developed from conditions observed and information provided at the time of our visit. They do not attempt to identify every possible loss potential, hazard or risk, nor do they guarantee that workplace accidents will be prevented. These safety evaluations, reports and recommendations are not a substitute for ongoing, well-researched internal safety and risk management programs. This report does not warrant that the property inspected and its operations are compliant with any law, rule or regulation.