

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)

- No policy or procedure in place to eliminate or control hazard.
- Policy or procedure is in place but does not eliminate or control hazard.
- Employee has not been trained on the policy or procedure.
- Policy is in place but is not enforced.
- 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.