

ACCIDENT INVESTIGATION REPORT

Employer: _____

Location: _____

Investigation Conducted By: _____

Title: _____ Date: _____

Persons Involved in Accident: _____

Age(s): _____

Department Occupation at time of Accident: _____

Time of Accident (AM/PM): _____ Date of Accident: _____

A. Description of Accident:

B. Description of injury and/or property damage as a result of accident, if any:

C. Basic cause(s): Unsafe Act(s) and/or Conditions(s):

Recommended Corrective Action:

D. Primary cause(s): Reason(s) why the unsafe act(s) and/or condition(s) were allowed to exist:

Recommended Corrective Action:

E. Status of recommended corrective action, if not completed:

Reviewed by: _____

Date: _____