ACCIDENT / INCIDENT INVESTIGATION REPORT

COMPANY: ______________________________ DATE: ______________________________

ADDRESS: ____

JOBSITE NAME: ____

ADDRESS: ____

NAME OF INJURED	DATE OF ACCIDENT/INCIDENT	TIME OF ACCIDENT/INCIDENT
HOME ADDRESS AND PHONE	EMPLOYEE'S USUAL OCCUPATION	OCCUPATION AT TIME OF ACCIDENT/ INCIDENT
EMPLOYMENT CATEGORY ❒ Regular, full-time ❒ Seasonal ❒ Temporary ❒ Regular, part-time ❒ Nonemployee	LENGTH OF EMPLOYMENT ❒ Less than 1 mo. ❒ 6 mos. to 5 yrs. ❒ 1–5 mos. ❒ > 5 years	TIME in OCCUPATION ❒ Less than 1 mo. ❒ 6 mos. to 5 yrs. ❒ 1–5 mos. ❒ > 5 years

NAMES OF OTHER INJURED IN SAME ACCIDENT/INCIDENT

NATURE of INJURY and PART of BODY	TIME of INJURY	SEVERITY of INJURY
	A. ______________ A.M/P.M B. Time within shift C. Type of Shift	❒ Fatality ❒ Medical Treatment ❒ First Aid ❒ Other, specify ____________

TASK and ACTIVITY at TIME of ACCIDENT/INCIDENT	SUPERVISION at TIME of ACCIDENT/INCIDENT
A. General type of task B. Specific Activity C. Employee was working: ❒ Alone ❒ With crew or fellow worker ❒ Other, specify	❒ Directly Supervised ❒ Not Supervised ❒ Indirectly Supervised ❒ Supervision not feasible

LOCATION OF ACCIDENT/ INCIDENT	PHASE OF EMPLOYEES WORKDAY AT TIME OF ACCIDENT/INCIDENT	WEATHER CONDITIONS AT TIME OF ACCIDENT/INCIDENT
ON EMPLOYER'S PREMISES? ❒ Yes ❒ No	❒ During rest period ❒ Performing work duties ❒ During meal period ❒ Entering worksite ❒ Working overtime ❒ Leaving worksite ❒ Other, specify ____________________	

NAMES OF WITNESS TO THE ACCIDENT/INCIDENT

DESCRIBE HOW THE ACCIDENT/INCIDENT OCCURRED.

ACCIDENT SEQUENCE: Describe in reverse order of occurrence events preceding the injury and accident. Starting with the injury and moving backward in time, reconstruct the sequence of events that led to the injury.

A. Injury Event ____

B. Accident Event ____

C. Preceding Event #1 ____

D. Preceding Event #2. #3. etc. ____

CASUAL FACTORS. Events and conditions that contributed to the accident. Be sure and describe in detail if the proper safety equipment was being used and if it was used correctly.

CORRECTIVE ACTIONS. Those that have been, or will be, taken to prevent recurrence.

Investigation Officer ______________________________

Company ______________________________

Signature Date

Interpreter ______________________________

Company ______________________________

Signature Date

Sample accident/incident investigation report

WITNESS STATEMENT FORM

WITNESS NAME: ______________________ WITNESS EMPLOYER: ______________________

ADDRESS: ____

PHONE: ____

AGE: ________________________________ OCCUPATION: ____________________________

BRIEF DESCRIPTION OF ACCIDENT/INCIDENT

RELATIONSHIP TO INJURED PARTY

Immediately before the accident, what did you see? Did you notice the injured employee doing anything wrong? Did you warn them? Where were you at? How far away? What did you see?

During the accident, what did you see?

Immediately after the accident, what did you see?

Have you spoken with anyone else concerning this incident?

Additional Comments:

______________________		______________________	
Witness	Date	Investigator	Date
______________________			
Interpreter	Date		

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Sample witness statement form