# ACCIDENT INVESTIGATION REPORT

Use this form to document the investigation of an accident, injury or near-miss incident.

| **Accident Information** | |
|---|---|
| Name(s) of Injured Employee(s): | Date of Accident/Injury/Illness: |
| Work Area of Injured Employee(s): | Date Investigation Began: |
| Describe Nature of Accident, Injury or Illness: | |
| Part(s) of Body Affected: | |
| Describe Medical Treatment Administered: | |

| **Witness Information** | |
|---|---|
| Witness #1 Name: | Phone: |
| Witness's Description of Accident/Incident: | |
| Witness's Signature: | |
| Witness #2 Name: | Phone: |
| Witness's Description of Accident/Incident: | |
| Witness's Signature: | |

## Investigation Results

List contributing factors/root causes:

Was a mandatory safe work practice violated? Yes ☐ No ☐

Was the unsafe condition, practice or protective equipment problem corrected immediately? Yes ☐ No ☐

If no, what has been done to ensure correction?

Do additional mandatory safe work practices need to be implemented? Yes ☐ No ☐

If yes, please describe safe work practice:

List corrective actions taken and date implemented:

| Signature of Investigator: | Date: |
|---|---|
| Signature of Person Responsible for Corrective Actions: | Date: |



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