

Incident Investigation Report

I. Company Information									
Project Name:						Date:			
Address:									
Incident Location (If different than above)									
Location (Room, Col. Number)									
II. Employee Information									
Employee Name:						Sex:			
Job Title:						Department:			
Employment Status		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Other				
Length of Employment		<input type="checkbox"/> > 1 Month	<input type="checkbox"/> 1 - 5 Months	<input type="checkbox"/> 6 Months to 5 Years	<input type="checkbox"/> More than 5 Years				
Time in Occupation		<input type="checkbox"/> > 1 Month	<input type="checkbox"/> 2 - 5 Months	<input type="checkbox"/> 7 Months to 5 Years	<input type="checkbox"/> More than 5 Years				
III. Incident Information									
Supervisor's Name:						Supervisor's Contact:			
Employee Name:						Date Reported:			
Nature of Incident:									
Employee's Specific Task and Activity at Time of Incident:									
<input type="checkbox"/> Working Alone	<input type="checkbox"/> Working with Assignend Group	<input type="checkbox"/> Supervised	<input type="checkbox"/> Not Supervised						
IV. Witnesses									
Name:						Telephone:			
Name:						Telephone:			
V. Scene of Incident Information									
Specific Location:									
How Incident Occurred:									
Type of Machinery / Equipement Involved:			<input type="checkbox"/> N/A	<input type="checkbox"/> Yes					
Machinery / Equipment Placed:			<input type="checkbox"/> Out of Service	<input type="checkbox"/> Repaired					
VI. Incident Sequence									
Describe in order of occurance the events leading to the accident. Reconstrust the sequence of events that led to the incident.									
Event 1:									
Event 2:									
Incident Event:									
Injury Event:									
VII. Causal Factors:									
Describe events and conditions that contributed to the accident. Include information on worker, machinery and equipment, environment and management.									

VIII. Diagram any Specific Location Factors that Contributed to the Incident:

IX. Casual Factors:

X. Corrective Actions

Causal Factors:	Assignment Responsibilities	Target Date for Completion:
1		
2		
3		
4		
5		
6		

XI. Acknowledgment of Incident:

Print Name:		Date:	
Signature:		Title:	

XII. This Incident Investigation Report was prepared by:

Print Name:		Date:	
Signature:		Title:	