



Accident and Incident Investigation Form

TO BE COMPLETED BY MANAGEMENT/HR

INCIDENT INFORMATION:		
EMPLOYEE INVOLVED:	DATE AND TIME OF INCIDENT:	TODAY'S DATE
EMPLOYEE ADDRESS:	EMPLOYEE PHONE NUMBER:	
CITY:	STATE:	ZIP CODE:
DATE OF HIRE:	BIRTH DATE:	OCCUPATION:

NATURE OF INCIDENT:	<input type="checkbox"/> NEAR MISS <input type="checkbox"/> INJURY <input type="checkbox"/> EQUIPMENT DAMAGE OR LOSS <input type="checkbox"/> VEHICLE ACCIDENT <input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> OTHER		
	IN CASES INVOLVING INJURY, EMPLOYEE MUST COMPLETE ATTACHMENT "A"		
	IN CASES INVOLVING PROPERTY DAMAGE, EMPLOYEE MUST COMPLETE ATTACHMENT "B"		
LOCATION OF INCIDENT:	WEATHER AT THE TIME OF INCIDENT:		
TASK AT THE TIME OF INCIDENT:			
DESCRIPTION OF INCIDENT:			
TYPE OF INJURY:	BODY PART(S) AFFECTED:		
MEDICAL ATTENTION SOUGHT AT:			
WERE PHOTOS TAKEN?	BY WHOM/ WHEN:		
<input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS THERE A WITNESS PRESENT?	WITNESS NAME:		
<input type="checkbox"/> YES <input type="checkbox"/> NO			
REPORTING TIMELINE:	1 ST REPORTED BY:	REPORTED TO:	DATE AND TIME:
	2 ND REPORTED BY:	REPORTED TO:	DATE AND TIME:

INITIAL REPORT COMPLETED BY:	
HUMAN RESOURCES:	
SIGNATURE	DATE



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TO BE COMPLETED BY INCIDENT INVESTIGATOR

EQUIPMENT OR PROPERTY DAMAGE:		
EMPLOYEE INVOLVED:	DATE AND TIME OF INCIDENT:	TODAY'S DATE
DID INCIDENT RESULT IN DAMAGE TO PROPERTY OR EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IN CASES INVOLVING PROPERTY DAMAGE, EMPLOYEE MUST COMPLETE ATTACHMENT "B"		
DESCRIBE PROPERTY OR EQUIPMENT:		
OWNER OF DAMAGED EQUIPMENT/PROPERTY:	PHONE #:	
DESCRIPTION OF DAMAGE:		
DID THE INCIDENT CAUSE AN INTERRUPTION IN WORK, OR USE OF PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, DESCRIBE BELOW)		
WILL AN INSURANCE CLAIM BE FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
WAS THERE A WITNESS PRESENT AT THE TIME OF THE ACCIDENT/INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ANY WITNESSES SHALL FILL OUT ATTACHMENT "C"		
WITNESS NAME:		
DESCRIBE WITNESS' LOCATION, INVOLVEMENT & TASK AT THE TIME OF THE INCIDENT:		



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WAS WORK COMPLETED IN CONFORMITY WITH SHEPLEY'S SAFETY PROGRAM? YES NO (IF NO, EXPLAIN BELOW)

WHAT CONDITIONS ARE BELIEVED TO HAVE CAUSED OR CONTRIBUTED TO THE INCIDENT?

DESCRIBE THE TRAINING REQUIRED TO PERFORM THIS WORK:

IS THERE A WRITTEN SAFETY PROGRAM COVERING THE ACTIVITY? YES NO (IF YES, ATTACH A COPY)

WHAT CORRECTIVE ACTIONS WILL BE TAKEN TO PREVENT THIS INCIDENT FROM HAPPENING IN THE FUTURE?

IS WORKER RETRAINING REQUIRED? YES NO (IF YES, DESCRIBE STANDARD AND TARGETED COMPLETION DATE BELOW)

TARGETED COMPLETION DATE: _____

ADDITIONAL COMMENTS:

ACCIDENT INVESTIGATION & SUBSEQUENT REPORT COMPLETED BY:

SIGNATURE

DATE



Accident and Incident Investigation Form

TO BE COMPLETED BY EMPLOYEE AND RETURNED TO MANAGEMENT

ATTACHMENT "A"		
EMPLOYEE'S STATEMENT OF INCIDENT AND INJURY		
COMPLETE THIS FORM AFTER ANY INCIDENT ON THE JOB. THIS FORM SHALL BE SUBMITTED TO MANAGEMENT NO LATER THAN 24 HOURS AFTER AN INCIDENT HAS OCCURRED.		
EMPLOYEE INVOLVED:	DATE AND TIME OF INCIDENT:	TODAY'S DATE
DESCRIPTION OF INCIDENT:		
DESCRIPTION OF INJURY:	INDICATE EXACT LOCATION OF INJURY OR DISCOMFORT:	
WHAT DO YOU FEEL WAS THE CAUSE OF THE INJURY AND WHAT ACTIONS SHOULD BE TAKEN TO PREVENT A RECCURANCE OF THIS INCIDENT?		

STATEMENT OF INCIDENT AND INJURY COMPLETED BY:					
EMPLOYEE:	SUPERVISOR/MANAGER:	HUMAN RESOURCES:			
SIGNATURE	DATE	SIGNATURE	DATE	SIGNATURE	DATE



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TO BE COMPLETED BY EMPLOYEE AND RETURNED TO MANAGEMENT

ATTACHMENT "B"		
EMPLOYEE'S STATEMENT OF INCIDENT AND PROPERTY DAMAGE		
COMPLETE THIS FORM AFTER ANY INCIDENT ON THE JOB. THIS FORM SHALL BE SUBMITTED TO MANAGEMENT NO LATER THAN 24 HOURS AFTER AN INCIDENT HAS OCCURRED.		
EMPLOYEE INVOLVED:	DATE AND TIME OF INCIDENT:	TODAY'S DATE
DESCRIPTION OF INCIDENT:		
DESCRIPTION OF PROPERTY DAMAGE:		
WHAT DO YOU FEEL WAS THE CAUSE OF THE DAMAGE AND WHAT ACTIONS SHOULD BE TAKEN TO PREVENT A RECCURANCE OF THIS INCIDENT?		

STATEMENT OF INCIDENT AND PROPERTY DAMAGE COMPLETED BY:					
EMPLOYEE:	SUPERVISOR/MANAGER:		HUMAN RESOURCES:		
SIGNATURE	DATE	SIGNATURE	DATE	SIGNATURE	DATE



Accident and Incident Investigation Form

TO BE COMPLETED BY WITNESS AND RETURNED TO MANAGEMENT

ATTACHMENT "C" WITNESS INFORMATION		
EMPLOYEE INVOLVED:	DATE AND TIME OF INCIDENT:	TODAY'S DATE
WITNESS NAME (AND ADDRESS IF NOT A SHEPLEY EMPLOYEE):	WITNESS PHONE NUMBER:	
WITNESS' TASK/LOCATION AT TIME OF INCIDENT:		
DESCRIPTION OF INCIDENT:		
DESCRIPTION OF INJURY OR DAMAGE OBSERVED:		

WITNESS STATEMENT OF INCIDENT OR INJURY COMPLETED BY:					
WITNESS:	SUPERVISOR/MANAGER:		HUMAN RESOURCES:		
<i>SIGNATURE</i>	<i>DATE</i>	<i>SIGNATURE</i>	<i>DATE</i>	<i>SIGNATURE</i>	<i>DATE</i>