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: ☐ NEAR MISS ☐ INJURY ☐ EQUIPMENT DAMAGE OR LOSS ☐ VEHICLE ACCIDENT ☐ PROPERTY DAMAGE ☐ 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:
☐ YES ☐ NO	
WAS THERE A WITNESS PRESENT?	WITNESS NAME:
☐ YES ☐ NO	

REPORTING TIMELINE:

1ST REPORTED BY:	REPORTED TO:	DATE AND TIME:
2ND REPORTED BY:	REPORTED TO:	DATE AND TIME:

INITIAL REPORT COMPLETED BY:

HUMAN RESOURCES:

SIGNATURE *DATE*

Form Updated: August 7, 2018

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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? ☐ YES ☐ NO

IN CASES INVOLVING PROPERTY DAMAGE, EMPLOYEE MUST COMPLETE ATTACHMENT "B"

DESCRIBE PROPERY OR EQUIPMENT:

OWNER OF DAMAGED EQUIPMENT/PROPERTY:	PHONE #:

DESCRIPTION OF DAMAGE:

DID THE INCIDENT CAUSE AN INTERRUPTION IN WORK, OR USE OF PROPERTY? ☐ YES ☐ NO (IF YES, DESCRIBE BELOW)

WILL AN INSURANCE CLAIM BE FILED? ☐ YES ☐ NO

WAS THERE A WITNESS PRESENT AT THE TIME OF THE ACCIDENT/INCIDENT? ☐ YES ☐ 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 _____ 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*

Form Updated: August 7, 2018

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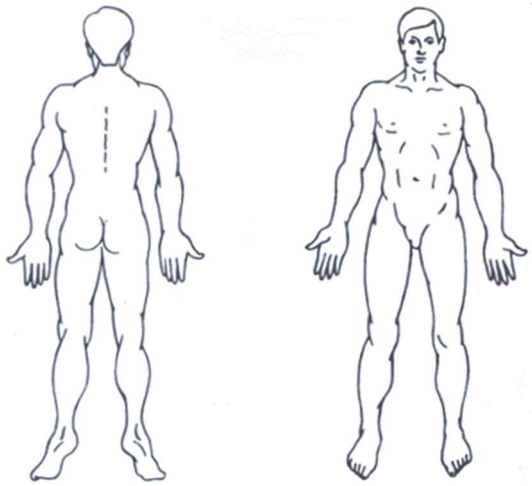
TO BE COMPLETED BY EMPLOYEE AND RETURNED TO MANAGEMENT

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 RECURRANCE 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 RECURRANCE OF THIS INCIDENT?

STATEMENT OF INCIDENT AND PROPERTY DAMAGE COMPLETED BY:

EMPLOYEE:	SUPERVISOR/MANAGER:	HUMAN RESOURCES:
SIGNATURE *DATE*	*SIGNATURE* *DATE*	*SIGNATURE* *DATE*

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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 _____ 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:
SIGNATURE *DATE*	*SIGNATURE* *DATE*	*SIGNATURE* *DATE*

Form Updated: August 7, 2018