

ACCIDENT INVESTIGATION FORM

Incident Location: _____ Incident Time: _____

Report Number: _____ Weather Conditions: _____

Reporter Information:

Full Name: _____

Position/Title: _____

Department: _____

Contact Information: _____

Injured Person(s) Information:

Name(s): _____

Position/Title: _____

Nature of Injury: _____

Medical Treatment Provided: _____

Witness(es) Information:

Name(s): _____

Contact Information: _____

Incident Description:

Provide a detailed description of the incident, including sequence of events, actions leading up to the incident, and immediate consequences.

Equipment / Materials Involved:

List all equipment, machinery, tools, or materials involved in the incident, including identification numbers if applicable.

Root Cause Analysis:

Analyze and identify the underlying causes of the incident, including any unsafe acts, unsafe conditions, or procedural failures.

Corrective Actions:

Describe measures to be taken to prevent recurrence of similar incidents, including responsible persons and timelines.

Approvals:

Investigator Name:	Signature:	Date:
Supervisor Name:	Signature:	Date:
Safety Manager Name:	Signature:	Date:

Distribution List:

List all individuals or departments who will receive a copy of this accident investigation report.

Confidentiality Notice:

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