

ACCIDENT INVESTIGATION REPORT

ENTITY:

DEPARTMENT:

INJURED EMPLOYEE:

INVESTIGATOR:

DATE OF ACCIDENT:

TIME OF ACCIDENT:

LOST TIME: YES NO

PROPERTY DAMAGE: YES NO

IN ATTENDANCE: _____

DESCRIPTION OF ACCIDENT: _____

WITNESS STATEMENTS: _____

CONTRIBUTING FACTORS: _____

ROOT CAUSE(S): _____

OTHER POTENTIAL HAZARD SOURCES IDENTIFIED: _____

<u>PREVENTION STRATEGIES</u>	<u>ACCOUNTABLE PERSON(S)</u>	<u>TARGET DATE</u>	<u>COMPLETION DATE</u>

FOLLOW UP REQUIREMENTS: _____
