

# INCIDENT INVESTIGATION



Please attach Witness Reports and any pictures to this document.

## EMPLOYEE INFORMATION:

First and Last Name: \_\_\_\_\_

Personal phone number: \_\_\_\_\_

Occupation/Position: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of employment: \_\_\_\_\_

\_\_\_\_\_

Age: \_\_\_\_\_ Sex: Male / Female

## ACCIDENT OR INCIDENT INFORMATION:

### Accident or Incident resulted in:

Check only the ones that apply (    ):

Injury (physical harm or damage to a person)

Incident / Near Miss (an undesired event that could have resulted in personal injury)

Illness (unhealthy condition in mind or body)

Loss Time Injury (an injury where the injured person is unable to report for the next shift)

### Accident/Incident Type:

Major     Serious     Minor

Property Damage (accidental loss to equipment, material, and/or the environment)

First Aid (a minor injury requiring only first aid treatment)

Medical Aid (an injury requiring treatment by a health care professional)

Other

## INCIDENT INVESTIGATION REPORT

Location:		Sector:	
Location of Incident:		Date and Time of Incident:	Date of Reported Accident / Incident:
Brief description of how the event occurred:			
Provide what job factors caused this event to occur:			
What should have been done to control the incident/accident from happening:			
Describe what action is planned or has been taken to prevent a recurrence of the accident:			

Supervisors Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Person Involved Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Captains Name: \_\_\_\_\_

Signature: \_\_\_\_\_

