## Accident Investigation Report

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| --- | --- |
| Report No: |  |
| Address: |  |
|  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Name of injured: | | |  | | | | SSN: |  | |
|  | 2. Sex: | M F | | | Age: |  | Date of accident: | |  |
|  | 3. Time of accident:      a.m.      p.m. | | | | | | Day of accident: | |  |
|  | 4. Employee’s job title: | | |  | | | | | |

5. Length of experience on job:      years:      months

6. Address of location where the accident occurred:

7. Nature of injury, injury type, and part of the body affected:

8. Describe the accident and how it occurred:

9. Cause of the accident:

10. Was personal protective equipment required? yes no

Was it provided? yes no

Was it being used? yes no

If “no,” explain:

Was it being used as trained by supervisor or designated trainer? yes no

If “no,” explain:

11. Witness(es):

12. Was safety training provided to the injured? yes no

If “no,” explain:

13. Interim corrective actions taken to prevent recurrence:

14. Permanent corrective action recommended to prevent recurrence:

15. Date of report:

Prepared by:

Supervisor **(Signature**):

Date:

16. Status and follow-up action taken by safety coordinator:

Safety Coordinator **(Signature**):

Date: