## Accident Investigation Report

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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: