## Incident Investigation Report

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| Report No:  |  |
| Address:  |  |

**Describe the incident and how it occurred:**

**Witness(es):**

**Interim corrective actions taken to prevent recurrence:**

**Permanent corrective action recommended to prevent recurrence:**

**Date of report:**

 **Prepared by:**

 **Supervisor (Signature**):

 **Date:**

**Status and follow-up action taken by safety coordinator:**

 **Safety Coordinator** **(Signature**):

 **Date:**