## 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:**