

Incident/Accident Investigation Report Form

Name of Person: _____

Position: _____

Location of incident: _____

Date of incident: _____ Time: _____ AM PM

Type of incident: Near miss Minor injury Serious injury

Date incident reported: _____ Time: _____ AM PM

Reported to: _____

Nature of injury (if any): _____

Witnesses (if any): _____

Attachments (if any): Yes No

Damage to equipment or property: Yes No

Description of Incident:

Causes: Shade As Applicable

**(Direct Cause -unsafe act or condition)
(Indirect Cause - people, work process, equipment, environment,)
(Root- Management Systems)**

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|------------------|-----------------|---|-----------|-----|----------|-------|--------|
| Binder(s): | Human Resources | | | | | Page: | 1 of 2 |
| Section(s): | Health & Safety | A | Aug 18/05 | R/R | Sep 3/15 | | |
| Program Area(s): | | | | | | | |

Recommended Action(s):

Action(s) Taken:

Investigator(s): _____ Date: _____

_____ Date: _____

Supervisor: _____ Date: _____

Executive Director/Designate: _____ Date: _____

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|------------------|-----------------|---|-----------|-----|----------|-------|--------|
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