



Accident Investigation Report

Injured employee(s) _____

Accident date and time _____

Nature and extent of injury/illness _____

Name and address of doctor or hospital _____

Location of accident _____

Witnesses and their activities at time _____

Others with relevant knowledge _____

Description of accident _____

Description of events preceding accident _____

Task/activity engaged in at time of accident _____

Employee's normally assigned task _____

Length of employment and assignment to current job _____



Relevant training received by employee and dates _____

Equipment/materials involved in accident _____

Physical surroundings of accident _____

Unsafe acts that could have led to accident _____

Unsafe conditions that could have led to accident _____

Description and dates of similar or related accidents _____

Cause(s) of accident _____



Actions taken to prevent similar accidents _____

Recommendations for additional action _____

Investigator _____

Date _____

