

Appendix E

Accident Investigation Form

Department: _____ Date of this report: _____

Injured Employee: _____

Employee Job Title: _____

Date and time of injury: _____ AM/PM

Where injury happened: _____

Nature of injury/property damage: _____

Describe the incident (What happened?): _____

Contributing factors: _____

Witnesses: _____

What action(s) are being taken, and by whom, to prevent recurrence of this type of injury? _____

Was the report to supervisor or first aid delayed? _____ Why? _____

Was medical treatment required? _____ Who administered medical treatment? _____

Where was medical treatment administered? _____

What is the severity potential for lost time? High/Major ___ Medium/Serious ___ Low/Minor ___

Probable Recurrence Rate: Frequent ___ Occasional ___ Rare ___

Supervisor's signature: _____ Date: _____

Investigated by: _____ Date: _____

Reviewed by: _____ Date: _____