

Appendix E

ACCIDENT INVESTIGATION FORM

Employer's Name: _____ Date of this report: _____

Injured Employee: _____; _____ Age: _____

Department/Job Title: _____

Date and time of injury: _____ AM/PM? _____

Where injury happened: _____

Nature of Injury/Property Damage: _____

Object or equipment that inflicted the injury, if applicable? _____

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 in the future? _____

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

Was medical treatment required? ___ Who administered the 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:** _____