



ACCIDENT INVESTIGATION REPORT

(Completed by the supervisor within 48 hours of the incident)

(Continue On Reverse If Additional Space Is Necessary)

Name of Injured Employee :		Today's Date:
Date of Injury:	Employee's Time in This Position: ____ Yrs ____ Months	
Has employee lost any time from work <i>after</i> the date of injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify Lost Dates/Hours:	
What object injured the employee?		
Specific employee location when injured:		
Describe the accident in detail in your own words:		
Describe your findings of the root cause:		
Was the employee doing his/her assigned job at the time of injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "No", describe what employee was doing:		
Was the employee following appropriate safety procedures for this task? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was the employee wearing appropriate protective equipment for this task? <input type="checkbox"/> Yes <input type="checkbox"/> No		
In your opinion, what could have prevented this occurrence?		
In your opinion, is any follow-up action necessary?		
Investigation Conducted By:		
Printed name:		Telephone:
Signature:		Date Signed:

Submit Completed Form to the Director of Employee Services in Human Resources