



INCIDENT INVESTIGATION REPORT

☐ Employee Injury ☐ Near Miss Incident

EMPLOYEE INFORMATION

Employee Name: _____ Today's Date: _____

SSN: _____ Age: _____ Gender: ☐ Male ☐ Female

Department: _____ Job Title: _____

Work Area: _____ Shift: _____

Length of Employment: _____ ☐ Full Time ☐ Part Time ☐ Contract Labor

Length at Present Job: _____

Supervisor's Name: _____ Supervisor's Signature: _____

ACCIDENT INFORMATION

Date of Incident: _____ Time of Incident: _____ am _____ pm

Date Reported: _____ Location of Incident: _____

Detailed narrative of how the incident occurred:

Description of Pictures Taken:

What was employee doing just prior to the incident/accident (job task, include any tools or machinery used):

Body part injured and type of injury (be specific):

If it is a near-miss incident, describe the potential injury:

Weather conditions at the time of the incident: _____

Visibility/Lighting (Ex: Poor, Spotlight, etc): _____

Type and condition of floor surface (Ex: Tile, wet): _____

PPE required for the job: _____

Was PPE being utilized: ☐ Yes ☐ No

Was there any damage to property or equipment? ☐ Yes ☐ No

Explain: _____

Name(s) of witness(es): _____ Phone# _____

Name(s) of witness(es): _____ Phone# _____



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MEDICAL INFORMATION

First Aid Only: ☐ Yes ☐ No

Doctor Visit Required: ☐ Yes ☐ No

Medical Provider Utilized: _____

CAUSES

PLEASE CHECK ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INCIDENT AND/OR INJURY

Direct / Immediate Causes (supervisor complete)

- | | | |
|--|--|---|
| <input type="checkbox"/> Defective Tools / Equipment | <input type="checkbox"/> Unaware of potential hazard | <input type="checkbox"/> Unauthorized equipment use |
| <input type="checkbox"/> Unsafe work procedures | <input type="checkbox"/> Lack of safety devices | <input type="checkbox"/> Guard removed / guard needed |
| <input type="checkbox"/> Insufficient procedures | <input type="checkbox"/> Not employee's normal job | <input type="checkbox"/> Poor housekeeping |
| <input type="checkbox"/> Not following procedures | <input type="checkbox"/> Improper use of tools | <input type="checkbox"/> Violated safety rule |
| <input type="checkbox"/> Improvising / shortcuts | <input type="checkbox"/> Proper tools not available | <input type="checkbox"/> Not wearing proper equipment |

Root Causes

- | | | |
|---|--|---|
| <input type="checkbox"/> Employee unaware of hazard | <input type="checkbox"/> Failure to recognize unsafe act | <input type="checkbox"/> Equipment Maintenance |
| <input type="checkbox"/> Complex procedures | <input type="checkbox"/> Poor attitude | <input type="checkbox"/> Weather condition (Rain, Heat) |
| <input type="checkbox"/> Unclear instruction | <input type="checkbox"/> Personality conflict | <input type="checkbox"/> Excessive production pressure |
| <input type="checkbox"/> Inadequate training | <input type="checkbox"/> Lack of training | <input type="checkbox"/> Communication error |
| <input type="checkbox"/> Inadequate comprehension | <input type="checkbox"/> Job design / workstation layout | <input type="checkbox"/> Lack of employee cooperation |
| <input type="checkbox"/> Lack of skill / knowledge | <input type="checkbox"/> Lighting | <input type="checkbox"/> Other, please Explain _____ |

CORRECTIVE ACTIONS

Recommended training, engineering control, or program/policy change:

Remedial training given:

Was action or should action be taken to prevent recurrence?

Corrective actions complete: ☐ Yes ☐ No If no, please explain: _____

Investigated by: _____ Date: _____

Reviewed by: _____ Date: _____