

NAME: _____

CODE CLASS: _____

INCIDENT INVESTIGATION REPORT

INSTRUCTIONS



Complete this form as soon as possible after an incident that results in serious injury or illness. (Optional: Use to investigate a minor injury or near miss that could have resulted in a serious injury or illness.)



INCIDENT REPORTING FORM - PART 2

Step 3: Describe the incident

Exact location of the incident:

Exact time:

What part of employee's workday? Entering or leaving work Doing normal work activities
 During meal period During break Working overtime Other _____

Names of witnesses (if any):

Number of attachments	Written witness statements:	Photographs:	Maps / drawings:
What personal protective equipment was being used (if any)?			
Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.			



**“ SAFETY IS 30%
COMMON SENSE,
80% COMPLIANCE,
AND THE REST IS
GOOD LUCK. ”**

