

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:
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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.**

