ACCIDENT INVESTIGATION REPORT

I. Identification of the Accident:
   Name of Injured: _________________ Date of Accident: _________________
   Time of Accident: _________________ Location of Accident: _________________

II. Nature of Injury:
   Exact part of body affected and type of injury: _____________________________
                                                                                   
   Description of HOW and WHY accident occurred:
                                                                                   
                                                                                   
   Names of witnesses: _____________________________________________________

III. Accident Prevention Information:
   Equipment, tool, or item causing injury:  ___________________________________
                                                                                   
   Was accident caused by failure to use or observe safety practices, policies, or
   regulations? _____________________________________________________________

IV. Corrective Action:
   What corrective action can be done to prevent a recurrence of this accident/injury?
                                                                                   
   Comments/Recommendations (by Safety Committee, Safety Director, or Supervisor):
                                                                                   
   Person(s) responsible for corrective action: __________________________________
                                                                                   
   Safety Director/Manager Review: ___________________________________________
                                                                                   

_____________________________    ______________________
Signed          Date