ACCIDENT INVESTIGATION REPORT

CRITICAL INJURY OR FATALITY FORM

| Employer: | Department: | | |
| --- | --- | --- | --- |
| Exact Location: | Date of Occurrence: | Time: | |
| AM | PM |
| Report issued by: | Occupation: | Date: | |

**Accident Description**

| |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

**Description of the machinery, equipment or procedure involved**

| |  | | --- | |  | |  | |  | |  | |  | |
| --- | --- | --- | --- | --- | --- | --- |

**Injured Employee**

| Employee’s Name: | Date Hired: | Time On Job: | | Age: |
| --- | --- | --- | --- | --- |
| Occupation: | Nature Of Injury: | | Part Of Body Injured: | |

**Witnesses**

| Name | Address | Phone |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Employees and Supervisors Involved**

| Name | Address | Phone |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Physician / Surgeon / Medical Practitioner who attended the injured employee**

| Name | Address | Phone |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Actions Taken to Prevent Recurrence**

| |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Issued By (Print): |  | Reviewed By (Signature): |  | Date: |
|  |  |  |  |  |
| Issued By (Print): |  | Reviewed By (Signature): |  | Date: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Witness Printed Name |  | Witness Signature |  | Date: |
|  |  |  |  |  |
| Interviewer Printed Name |  | Interviewer Signature |  | Date: |