



Accident Investigations

**INVESTIGATION REPORT**

<b>IDENTIFYING INFORMATION</b>	1. COMPANY DIVISION		2. DEPARTMENT		
	3. LOCATION OF INCIDENT		4. DATE OF INCIDENT / /		5. TIME AM PM
	6. DATE OF REPORT		PROPERTY DAMAGE		OTHER INCIDENTS
	INJURY OR ILLNESS		PROPERTY DAMAGE		OTHER INCIDENTS
	7. INJURED NAME		14. PROPERTY DAMAGE		18. NATURE OF INCIDENT
	8. PART OF BODY	9. DAYS LOST	15. NATURE OF DAMAGE		19. INCIDENT COST, IF APPLICABLE
	10. NATURE OF INJURY OR ILLNESS		16. COST ESTIMATED ACTUAL		20. PERSON REPORTING INCIDENT
	11. OBJECT/EQUIPMENT/SUBSTANCE INFLECTING HARM		17. OBJECT/EQUIPMENT/SUBSTANCE INFLECTING DAMAGES		21. OBJECT/EQUIPMENT/SUBSTANCE RELATED
12. OCCUPATION	13. TIME ON TASK	22. PERSON WITH MOST CONTROL OF ITEM 17		23. PERSON WITH MOST CONTROL OF ITEM 21	

<b>RISK</b>	EVALUATION OF LOSS POTENTIAL IF NOT CORRECTED	24. LOSS SEVERITY POTENTIAL			25. PROBABILITY OF REOCCURRENCE		
		<input type="checkbox"/> MAJOR	<input type="checkbox"/> SERIOUS	<input type="checkbox"/> MINOR	<input type="checkbox"/> FREQUENT	<input type="checkbox"/> OCCASIONAL	<input type="checkbox"/> SELDOM

<b>DESCRIPTION</b>	26. DESCRIBE HOW THE EVENT OCCURRED

<b>CAUSE ANALYSIS</b>	27. IMMEDIATE CAUSES, WHAT SUBSTANDARD ACTIONS AND CONDITIONS CAUSED OR COULD CAUSE THE EVENT? CHECK ON BACK, EXPLAIN HERE
<b>CAUSE ANALYSIS</b>	28. BASIC CAUSES, WHAT SPECIFIC PERSONAL OR JOB FACTORS CAUSED OR COULD CAUSE THIS EVENT? CHECK ON BACK, EXPLAIN HERE

<b>ACTION PLAN</b>	29. REMEDIAL ACTIONS. WHAT HAS AND/OR SHOULD BE DONE TO CONTROL THE CAUSES LISTED?		
30. SIGNATURE OF INVESTIGATOR		31. DATE	32. FOLLOW-UP: CIRCLE NUMBER FOR TEMPORARY, x OUT FOR FINAL ACTION/DATE 1. _____ 3. _____ 5. _____ 2. _____ 4. _____ 6. _____
33. SIGNATURE OF REVIEWER		34. DATE	