

Sample Accident/Incident Investigation Report

IDENTIFICATION

1. Company or Branch_____
2. Department_____
3. Date of Accident_____
4. Time _____ *a.m./p.m.*
5. Date Reported_____
6. Name of Injured _____
7. Age_____
8. Job Title_____
9. Experience_____
10. Sex M____ F____
- (*yrs./months*)
11. SSN_____
12. On Premises _____
13. Off Premises_____
14. Employee Death Y____ N_____
15. Person treating injury (physician/hospital name and address)

16. Did the injury result in lost time? _____ Change in duties?_____

INJURY

17. Accident type_____
18. Source-the object or substance inflicting injury:

19. Nature of injury_____
20. Part of body_____

PROPERTY DAMAGE

21. What was damaged?_____
22. Nature of damage_____
23. Source—object inflicting damage_____
24. Estimated cost of repair_____