Accident Investigation Report



The unsafe acts of persons and the unsafe conditions that cause accidents can be corrected only when they are specifically known. You are responsible for immediately reporting unsafe working conditions and/or unsafe persons in the work area.

General Information

Name of injured: _____ Dept.: _____

Date of accident: _____ Time: _____ A.M. P.M.

Location of accident _____

Job or activity at time of accident: _____

Accident Description

Describe the Accident:

_____
_____

_____
_____

_____
_____
_____
_____

Names of witnesses:

_____
_____

Cause of the Accident

Describe any unsafe actions:

_____

_____
_____
_____

Describe any unsafe conditions:

_____
_____
_____
_____

Describe any contributing causes:

_____
_____

_____
_____

Corrective Action to be Taken:

Recommend what can be done and by whom to prevent the recurrence of a similar accident.

_____
_____

_____
_____

_____
_____
_____
_____

Supervisor Signature: _____ Date: _____