

Accident, Injury and Illness Investigation Form

Conduct investigation no later than 24 hours after the accident or report of injury.

Take a digital photo of the accident scene, the injured worker and their injury, and any Equipment or item which may have been involved or contributed to accident.

Name of individual completing form: _____

1. Date of injury or illness: _____

2. Name(s) of injured employee(s): _____

3. Work area/job of injured employee(s): (where did it happen?) (when?)

4. Nature of injury or illness: (what happened?) (what was injured employee doing just before and at time Injury?)

5. Part(s) of body affected: (How was person hurt?)

6. What workplace condition, work practice or protective equipment contributed to the incident?

7. Was a safety rule violated? Yes___ No___ If Yes, which one?

8. What corrective actions will prevent recurrence?

9. What other employee(s) may have witnessed the accident? Any event that led to the injury or illness?

10. Was any unsafe condition, practice or protective equipment problem corrected immediately?
Yes___ No___ If No, what has been done?

11. Until corrected, what actions have been taken to prevent recurrence in the interim?

Note: Communicate the results of the investigation to affected employees, management and others responsible for follow-up actions. Attach photos to this report.

Signed

date