

ACCIDENT INVESTIGATION REPORT

Injured Employee: _____

Social Security: _____

Date and time of injury: _____ Last day worked: _____

Date returned to work: _____

Job location where accident occurred: _____

Witnesses: _____

Engaged in what work when injured?: _____

Job position: _____

Nature and extent of injury: _____

Name and address of doctor or hospital:

Description of accident:

What unsafe conditions or act caused accident?:

What actions will be taken to prevent similar accidents?:

Recommendations for additional action:

Supervisor: _____

Date: _____

Investigated by: _____