

**Incident Investigation Report - Form**

Division: \_\_\_\_\_ Date Reported: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Date of Occurrence: \_\_\_\_\_

Exact Location: \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_ o A.M. o P.M.

Personal Injury     Vehicle Incident     Site Incident

<input type="radio"/> Injury/Illness	<input type="radio"/> Property Damage
Injured's Name: _____	Property Description (Name): _____
Trade/Occupation: _____ _____	Estimated Cost: _____ _____
Nature of Injury/Illness: _____ _____ _____	Nature of Damage: _____ _____ _____
Cause: _____ _____ _____	Cause: _____ _____ _____
Corrective Action: _____ _____ _____	Corrective Action: _____ _____ _____

Signature: \_\_\_\_\_

**Complete this page only for First Aid (onsite), minor property damage under \$500.  
All other incidents, complete pages 1, 2 & 3 of form**

THIS FORM MUST BE COMPLETED IN DETAIL  
AND SENT TO MANAGEMENT WITHIN 24 HOURS OF THE INCIDENT

Witness(s) Name(s): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Witness Statements Attached:  Yes  No

Describe Clearly What Happened to Cause the Incident:

Draw the Details:

1. Explain what the worker was doing and the effort involved.  
\_\_\_\_\_
2. Identify the size, weight & type of equipment or materials involved.  
\_\_\_\_\_
3. Describe injury, part of body involved and specify left or right side. (Indicate on adjacent diagrams)  
\_\_\_\_\_
4. Where did the incident occur?  
\_\_\_\_\_
5. What conditions contributed to the incident?  
\_\_\_\_\_
6. Give the names and addresses of witness or persons having knowledge of the injury.  
\_\_\_\_\_  
\_\_\_\_\_

