

**Accident/Injury/Near Miss – Investigation Report**

**(Part 1 – To be completed by the Employee)**

Employee: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Date of Incident: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_:\_\_\_ AM / PM

Location Where Incident Occurred: \_\_\_\_\_

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Witness(es): \_\_\_\_\_ Job Title: \_\_\_\_\_

Injury Type & Body Part Affected: \_\_\_\_\_

Personal Protective Equipment Worn: \_\_\_\_\_

Brief Description of Incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Specific Cause of Incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Tools/Equipment Involved in the Incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What Could Have Prevented the Incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Employee's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**\*RETURN TO SUPERVISOR\***

**Accident/Injury/Near Miss – Investigation Report**  
**(Part 2 – To be completed by the Supervisor)**

Did the employee receive medical treatment? Yes\_\_\_\_ No\_\_\_\_ If yes, where and what: \_\_\_\_\_

\_\_\_\_\_

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Was personal protective equipment (PPE) required? Yes\_\_\_\_ No\_\_\_\_ If yes, what PPE: \_\_\_\_\_

\_\_\_\_\_

Was PPE provided? Yes\_\_\_\_ No\_\_\_\_ Was PPE being used? Yes\_\_\_\_ No\_\_\_\_ If no, explain: \_\_\_\_\_

\_\_\_\_\_

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Were safety procedures followed? Yes\_\_\_\_ No\_\_\_\_ If no, explain: \_\_\_\_\_

\_\_\_\_\_

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Immediate Corrective Actions Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Suggested Long Term Corrective Actions: \_\_\_\_\_

\_\_\_\_\_

Disciplinary Actions Taken (if warranted): \_\_\_\_\_

\_\_\_\_\_

Supervisors Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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*(Return to Human Resources within **8** hours of Occurrence)*

Received by Human Resources: Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ : \_\_\_\_ AM / PM

Worker's Compensation

OSHA Recordable

First Aid/Near Miss

\_\_\_\_\_