

Injury/ Illness Investigation Report

Person conducting investigation:

Date and time of accident/injury/illness:

Date and time incident was reported to supervisor:

Location where injury/accident occurred:

Who was injured?

What happened?

What activity was being performed prior to accident?

What is the nature of the injury?

Who else was involved?

Witnesses:

List unsafe practices, conditions, or equipment that may have contributed to the incident:

Was a Code of Safe Practice violated? Yes No
If Yes, which safety?

If this incident was not an isolated event, was it a pattern related to any of the following?
 Particular employee Lack of adequate training Equipment failure

Corrective action taken to prevent another occurrence:

Date action was taken:

If necessary, how will the Inspection Checklist or Code of Safe Practices need to be modified?

Safety Coordinator's Signature

Date/Time