

**Incident:**  Report Only  Accident/Injury  Serious Injury  Other

**Worker's Compensation:**  No  Yes Claim No.

Injured Employee:		
Name		
Job Title/Department		
Phone Number/Ext.		
Date of Incident		
Time of Incident		
Location of Incident		
Supervisor Name/Ext.		
Interviewee(s):		
	Interviewee 1	Interviewee 2
Name		
Job Title/Department		
Phone Number/Ext.		
Investigator:		
Name		
Job Title/Department		
Phone Number/Ext.		
Date of Investigation		
Incident Description		
Contributors to Incident		
<input type="checkbox"/> Improper personal protective equipment	<input type="checkbox"/> Employee inexperienced in job performed	
<input type="checkbox"/> Faulty or defective equipment/tools	<input type="checkbox"/> Insufficient safety policies and trainings	
<input type="checkbox"/> Improper machine guarding	<input type="checkbox"/> Employee not performing routine task	
<input type="checkbox"/> Hazards not identified		
<input type="checkbox"/> Identify equipment/tools used when incident occurred:		
<input type="checkbox"/> Hazardous weather conditions:		
<input type="checkbox"/> Other:		

Results of Investigation	
<b>Did the employee receive medical treatment?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:	
<b>Is there lost time from work?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many days:	

Recommended Corrective Actions	
<input type="checkbox"/>	Service/replace faulty equipment/tools. Identify:
<input type="checkbox"/>	Revise safety procedures for task
<input type="checkbox"/>	Provide appropriate PPE. Identify:
<input type="checkbox"/>	Complete job safety analysis. Topic:
<input type="checkbox"/>	Employee safety compliance review
<input type="checkbox"/>	Ergonomic Evaluation
<input type="checkbox"/>	Other:
Comments	

Completed Corrective Actions	
<input type="checkbox"/>	Safety training. Topic:
<input type="checkbox"/>	Serviced and/or replaced faulty equipment/tools. Identify:
<input type="checkbox"/>	Revised safety procedures for task
<input type="checkbox"/>	Provided appropriate PPE. Identify:
<input type="checkbox"/>	Complete job safety analysis. Topic:
<input type="checkbox"/>	Employee counseled/ disciplined
<input type="checkbox"/>	Ergonomic Evaluation
<input type="checkbox"/>	Other:

**Attachments: (photos, additional documentation, etc.)**