



Incident Investigation Form

Check One: <input type="checkbox"/> Injury <input type="checkbox"/> Near Miss <input type="checkbox"/> Damage	Date:	Time:	AM PM
Name of Employee Involved:	What equipment was involved?		
SSN:			
Address:			
State the location where the incident occurred (be specific):			
Lists the names of all witnesses to the incident:			
State the nature of the injury, near miss, or damage:			
If professional medical services were required, state the name of the medical professional or facility and address:			
What procedure led to the incident?			
What corrective actions will be taken to prevent this type of incident in the future?			
<p>Instructions:</p> <p>Please be as thorough as possible when recording information on this form. The form should be filled out as soon as possible after an incident occurs. Try to get as much contact information as possible from witnesses to facilitate any follow-up investigation that may be necessary. Take pictures of the scene before it is disturbed and include them with this report, if possible. Interviews with witnesses may be recorded using an audio recording device if permission is first granted by the witness. Use the back of this form for sketches of the scene or to record more information if you run out of room on the front.</p>			
List the type and number of any other media (pages of notes, pictures, video, or audio) initially included with this report.			
Include the printed name and signature of the person performing the investigation:			
Print:	Sign:	Date:	

Notes: