

## Accident Investigation Report

This sample report form can help document the findings of an investigation into an accident or incident in your workplace. You can copy and use this form or make your own. Fill out an investigation report as soon as possible after an accident or incident.

**Employee(s) name(s):** \_\_\_\_\_

**Time & date of accident/incident:** \_\_\_\_\_

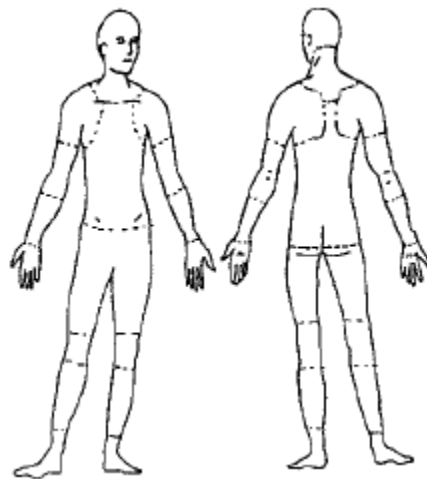
**Job title(s) and department(s):** \_\_\_\_\_

**Supervisor/lead person:** \_\_\_\_\_

**Witnesses:** \_\_\_\_\_

**Brief description of the accident or incident:** \_\_\_\_\_

**Indicate body part affected:**



Did the injured employee(s) see a doctor?    Yes ☐    No ☐

If yes, did you file an employer's portion of a worker's compensation form?    Yes ☐    No ☐

Did the injured employee(s) go home during their work shift?    Yes ☐    No ☐

If yes, list the date and time injured employee(s) left job(s): \_\_\_\_\_

Supervisor's Comments: \_\_\_\_\_  
\_\_\_\_\_

What could have been done to prevent this accident/incident? \_\_\_\_\_  
\_\_\_\_\_

Have the unsafe conditions been corrected?    Yes ☐    No ☐

If yes, what has been done? \_\_\_\_\_  
\_\_\_\_\_

If no, what needs to be done? \_\_\_\_\_  
\_\_\_\_\_

Employer or Supervisor's signature: \_\_\_\_\_    Date: \_\_\_\_\_

Additional comments/notes:  
\_\_\_\_\_  
\_\_\_\_\_

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