

Accident investigation form (example 1)

Use this form to help you investigate workplace accidents or incidents. Note: this form is for use within your company. It is not intended to replace DCBS Form 801: *Worker's and Employer's Report of Occupational Injury or Disease*.

Company: _____ Report no.: _____

Operation: _____ Investigator _____

Name of accident victim: _____ Victim's job title: _____

How long has accident victim been with this company? _____ How long on this job? _____

(Attach this information for each additional person injured.)

Witnesses:

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

When did the accident occur? Date: _____ Time: _____ Shift: _____

Where did the accident occur? Department: _____ Location: _____

What happened? (Describe sequence of events and extent of injury. Attach separate page if necessary.)

Has a similar accident ever occurred? Yes No If yes, when? _____

What caused the accident?

List all causes and contributing factors, which might include lack of supervision, inadequate training, poor equipment maintenance, and inadequate policy.

- _____
- _____
- _____
- _____
- _____

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List each corrective action to be taken. Who will do it and when will it be done?

1.

2.

3.

4.

5.

6.

7.

Attach photographs, sketches of the scene, or other relevant information.

Prepared by:

Title:

Date:
