

12 1000 A
Accident Report
(12 1000 Accident Investigation Procedures)

General Information

Employee Name _____		
Address: _____		
Phone: _____ Sex: Male _____ Female _____		
Date/Time of Event _____		
Date/Time Reported _____ Reason for Delay _____		
Location of Incident/Accident: _____		
Address: _____		
Job Title: _____ Department: _____		
Foreman/Supervisor: _____ Phone: _____		
Date of Hire	Time in Current Job	Hours worked in past 24
Involved employees:		
Name: _____ Phone: _____		
_____ Phone: _____		
Witnesses: _____ Phone: _____		
_____ Phone: _____		
Treatment/ First Aid	Medical	Returned to work Date/Fatality

Accident/Incident Details

Describe what is reported to have happened
Describe the resulting injury, illness or property damage
In your own words, describe exactly what the employee was doing just prior to and at the time of the accident
In your opinion, what employee actions and/or working conditions contributed to this accident?
Have other accidents/incidents involving the employee's actions and/or working conditions occurred previously? If so, describe:
In your opinion, were written or accepted safe methods and practices followed prior to the accident or incident. If not, explain.
In your opinion, what caused the accident/incident?

Corrective Action

In your opinion, could the accident/incident have been prevented? If so, how?
What actions have been, or should be, taken to reduce the likelihood of accidents of this nature from recurring?
Additional Comments and/or notes:

Supervisor Completing the Report:	Date of Report:
Reviewed by:	Has Corrective Action Been Taken: Yes _____ No _____