ACCIDENT INVESTIGATION FORM

Name of Injured Person: __________________________ Date of Injury: __________

Name of Supervisor: __________________________ Telephone #: ______________

Department: __________________________ Location of Injury: __________________

Brief Description of Accident:

Nature of Injury (describe all body parts affected):

Was Training Provided? Yes ☐ No ☐ NA ☐
Were established procedures followed? Yes ☐ No ☐ NA ☐
Were tools or equipment adequate for task? Yes ☐ No ☐ NA ☐
Were environmental conditions a factor in the incident? Yes ☐ No ☐ NA ☐

Elaborate on Responses:

Proposed Corrective Action:

Supervisor: __________________________ Date of Report: __________
Signature: __________________________

IIPP-Appendix D
March 2006

Completed copies of this form should be routed to the department Safety Coordinator and kept in department files for at least three years.