ACCIDENT INVESTIGATION FORM

Name of Injured Person:	Date of Injury:
Name of Supervisor:	Telephone #:
Department:	Location of Injury:
Brief Description of Accident:	
Natura of Laborate of Co.	(. J.).
Nature of Injury (describe all body parts affec	ted):
Was Training Provided? Were established procedures followed? Were tools or equipment adequate for task? Were environmental conditions a factor in the	Yes No NA Yes No NA NA Incident? Yes No NA
Elaborate on Responses:	
Proposed Corrective Action:	
Supervisor:	Date of Report:
Signature:	
IIPP-Appendix D Completed copies of this form should be routed to the department Safety Coordinator and kept	

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.