

# Accident/Investigation Report

---

Name \_\_\_\_\_

- Employee
- Student
- Visitor
- Volunteer

Department \_\_\_\_\_

Date/Time of Incident \_\_\_\_\_

Type of Injury/Illness \_\_\_\_\_

Body Parts Affected \_\_\_\_\_

Witnesses: Name/Phone \_\_\_\_\_

Specific Job being performed at time of accident/incident

\_\_\_\_\_

Explain what exactly occurred (person's location, what he/she was doing, what occurrence resulted in accident/incident?)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What condition(s) existed, if any that may have resulted in the accident/incident?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Did Employee fail to perform an act that caused or contributed to the accident/incident? If yes, explain**\_\_\_\_\_

---

---

---

**What action(s) have been taken or will be taken in the future to prevent recurrence:**

---

---

---

---

---

**Person responsible for corrective action:**

---

**Proposed date of planned corrective action:** \_\_\_\_\_

**Supervisor's Name**\_\_\_\_\_

**Date**\_\_\_\_\_

**Signature**\_\_\_\_\_

**Department Head**\_\_\_\_\_

**Date**\_\_\_\_\_

**Signature**\_\_\_\_\_

**District Risk Control Contact**

**Date**\_\_\_\_\_

---

