

DETAILED ACCIDENT INVESTIGATION REPORT

Company: _____

Location: _____

Employee: _____

Accident Date: _____ Employee Department: _____

Accident Time: _____ () AM () PM Position: _____

Description of Accident: (what happened, where, task being performed, type of injury sustained)

Accident Cause: (why did the accident occur, direct and indirect cause)

Corrective Action Required: (what training and actions are needed to prevent a recurrence)

Target Completion Date: _____

Person Responsible for Corrective Action: _____

Supervisor's Signature: _____

Date: _____

Reviewed and Approved by: _____

Date: _____