



# Accident/Injury/Illness Investigation

Company Name:

Investigator:

Name Of Injured:

Social Security #:

Hire Date:

Job Title:

Home Address:

Phone:

Date Of Injury:

Time:

Date Reported:

Reported To Whom?

Phone:

Direct Supervisor:

Phone:

Medical Provider:

Phone:

Exact Location of Accident/Injury:

Nature Of Injury (Body Part Affected):

Anyone Else Involved?

If So, Who?

List Any Witnesses:

1),

2)

3)

Description Of Injury (Who, What, When, Where, Why, How):

Was A Code Of Safe Practice Violated?

If No, Does A New One Need To Be Added?

Did Person Receive Training?

Is It Documented?

Cause Of Accident:

Corrective Action Taken:

Signature Of Investigator:

Date: