

## Employee Bodily Injury/Accident/Incident Investigation Form

Date and Time of Incident:/ Date	/am pm Date of Report: Time			
Name of Affected Employee:				
f injury or illness, state body part affected and extent of injury/illness:				
Address/Location where incident occurred:				
Object, equipment, or subject inflicting injury or	r illness:			
	rred?			
	d:			
Please Indicate Which of the	the Following Contributed to the Incident/Illness:			
Equipment Factors	Human Factors			
Defective Equipment	☐ Failure to Wear PPE			
Improper Guarding	Used Hands Instead of Equipment			
Inoperative Safety Device	☐ Horseplay			
Improper Maintenance	Took Unsafe Position			
Improper Ventilation	Improper Clothing			
□ Other	☐ Improper Attitude			
	Lack of Skill or Knowledge			
Other Factors	Worked on Moving Equipment			
Improper Instruction	Operated Equip. Without Authority			
Failure to Lockout	<ul> <li>Physical or Mental Impairment</li> </ul>			
Weather Conditions	Operated Equip. in an Unsafe Manner			
Inadequate Policy/Procedure				

## Describe in Detail How These Factors Contributed to the Incident:

## Analysis and Review

Give your honest responses to the questions below.	
Keep the information factual without placing blame.	

What do you consider to be the cause of the incident?

What can be done to prevent similar incidents?

Describe any obstacles to taking the necessary preventive measures:

Accident Review Conducted By:

(Print Name)	(Sign Name)			
(Print Name)	(Sign Name)			
(Print Name)	(Sign N	lame)		
(Print Name)	(Sign N	lame)		
Supplemental Information Attached:	<ul><li>□ Photograph(s)</li><li>□ Diagram(s)</li></ul>	<ul> <li>Witness Statement(s)</li> <li>Police Report</li> </ul>		