



# Accident, Injury, and Illness

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## Investigation Form

Report Date:

Investigator Name:

Employee Name:

Phone:

Department & Title:

Employee's Supervisor:

Phone:

Witness Name:

Phone:

Incident Location:

Nature of Accident/Injury/Illness:

Date/Time of Accident/Injury/Illness:

Date/Time Return to Work:

Body Part Affected:

Activity Being Performed:

PPE Being Used:

Tools Being Used:

Materials/Chemicals Being Used:

Summary of Incident:



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### Investigation Form Cont.

What Workplace Condition, Work Practice, or Protective Equipment Contributed to the Incident?  
(Surface Cause)

Which Protocol of Safe Practice Was Violated? (Root Cause)

Will an Additional Protocol of Safe Practice Be Needed?

Was the Unsafe Condition, Practice or Protective Equipment Problem Corrected Immediately?

Corrective Actions Taken:

Recommended Corrective Actions:

- Case Open: Further Investigation/Follow Up Necessary
- Case Closed: No Further Action Required