

# Incident Reporting and Accident Investigation Form

Instructions: Complete this form as soon as possible following an incident or accident. This form is designed for print and manual completion or physical archiving.

## 1. Initial Report Details

Reporter's Full Name:  Date of Report:   
Job Title/Role:  Department/Section:

## 2. Incident Information

Date of Incident:  Time of Incident:   
Specific Location:   
Estimated Severity:

## 3. Affected Person(s) Details

Full Name:  Employee ID (if applicable):   
Job Title:  Contact Phone Number:   
Type of Injury/Illness:   
Affected Body Part(s):

## 4. Incident Description & Witnesses

Describe exactly how the incident occurred (What happened, sequence of events, tools/equipment involved):

Witness 1 Name:  Witness 1 Contact:   
Witness 2 Name:  Witness 2 Contact:

## 5. Accident Investigation & Root Cause Analysis

Immediate Causes (Unsafe acts, unsafe conditions, equipment failure):

Root Causes (Management systems, training deficiencies, environmental factors):

## 6. Corrective and Preventive Actions

Action To Be Taken	Assigned To (Name)	Target Completion Date
<input type="text"/>	<input type="text"/>	<input type="text" value="YYYY-MM-DD"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="YYYY-MM-DD"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="YYYY-MM-DD"/>

## 7. Sign-Off and Approvals

Investigator Name:  Investigator Signature  
(Written):

Sign upon printing Date:  YYYY-MM-DD

Reviewing Manager Name:  Manager Signature  
(Written):

Sign upon printing Date:  YYYY-MM-DD