

INCIDENT INVESTIGATION FORM

Did anyone receive medical attention?

Yes  ( Complete Work Comp Packet )

No

Date and Time of Incident:	
Date and Time of Report :	
Name and Position of Person Filling Out Report:	
People Involved:	
Brief Description of What Happened:	
Was there any property/equipment/vehicle damage? If yes please explain:	
What could have been done to prevent this?	
Has the unsafe condition been corrected? If yes, what? If no what needs to be done?	
Additional Comments:	

Signature of Supervisor: \_\_\_\_\_

**PLEASE ATTACH ANY PHOTOS TAKEN**