



Employer Incident Investigation Report

Branch:
Branch Address

Incident occurred:

Address where incident occurred (including nearest city):	Date:
	Time: a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>

Injured person(s)

Last Name	First Name	Job Title	Age	Length of experience with this employer	Length of experience at this task / job
1)					
2)					

Nature of injury / injuries

Witnesses:

Last name	First name	Address	Telephone
1)			()
2)			()
3)			()

Incident description

Briefly describe what happened, including the sequence of events preceding the incident.

Statement of causes

List any unsafe conditions, acts, or procedures that in any manner contributed to the incident.

Recommendations

Identify any corrective actions that have been taken and any recommended actions to prevent similar incidents.

Recommended corrective action	Action by whom	Action by date
1)		
2)		
3)		
4)		

Persons conducting investigation

Name	Signature	Type of representative			Date
		Employer <input type="checkbox"/>	Worker <input type="checkbox"/>	Other <input type="checkbox"/>	
		Employer <input type="checkbox"/>	Worker <input type="checkbox"/>	Other <input type="checkbox"/>	
		Employer <input type="checkbox"/>	Worker <input type="checkbox"/>	Other <input type="checkbox"/>	