



## Accident Investigation Form

Name of Investigator: \_\_\_\_\_

Department: \_\_\_\_\_ Incident Date: \_\_\_\_\_

Specific Location of Incident: \_\_\_\_\_

\_\_\_\_\_

Describe the incident (Include sketch if necessary).

What protective equipment or devices, if any, were in use?

What were the apparent causes of this incident (subject to further investigation to determine underlying causes)?

Was First Aid given and/or medical facility Visited?

What is the recommended action to prevent reoccurrence?

What retraining, maintenance, repair, or procedures are needed to prevent this type of incident from occurring again?