

Incident Investigation Form

Section A: General Information

Company Name: _____ Date: _____

Supervisor Name: _____ Employee Name: _____

Section B: Illness/Injury Information

Date and Time of the Illness/injury: _____

Location of the Illness/injury: _____

Description of Illness/injury:

Section C: Investigation

Detailed Description of the Incident:

Witnesses of the incident: _____

Description of the Incident from eye witnesses:

Section D: Analysis and Conclusion

Why did the incident occur:

Corrective Actions to Prevent Future Incidents:

Was the employee referred to a medical professional: ☐ Yes ☐ No

If No, Why:

Employee signature verifying refusal to seek medical attention regarding incident/injury:

X _____