

# EMPLOYEE ACCIDENT INVESTIGATION FORM

1. Injured Person: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Site: \_\_\_\_\_ Department: \_\_\_\_\_

Time of Injury: \_\_\_\_\_

Position: \_\_\_\_\_

Date Reported: \_\_\_\_\_

**My employer has offered me immediate medical evaluation for this injury if I desire.** \_\_\_\_\_

**Professional Medical Treatment Required:**

☐

Yes

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No

Signature of employee

2. DESCRIPTION: Describe the accident, including nature of injury and other damage.

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3. WITNESS(ES):

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**An accident is the result of many causes. Report each specific cause and indicate the preventative action for each one.**

4. PRIMARY CAUSE: The single act or condition that caused the accident. (Example: I fell down and hurt my knee.)

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5. SECONDARY CAUSE(S): All other acts or conditions that contributed to the accident. (Example: A hole in the parking lot caused me to step wrong.)

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6. PREVENTATIVE/CORRECTIVE ACTION: (Example: Fill hole in parking lot.)

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7. \_\_\_\_\_  
Investigator/Supervisor Date

8. \_\_\_\_\_  
Employee Date

9. \_\_\_\_\_  
Risk Manager Date

9. \_\_\_\_\_  
Human Resources Manager Date