**Accident Investigation Form**

**Name of Employee:** **Injury Date:**

**Investigation Date:** **Investigation Time:**

When (Date/Time) did the injury first occur?

Who was the injury reported to?

How did the injury happen (need detailed step by step)? Need to find the mechanism of injury. What triggered it?

Name(s) of potential witnesses or people in the area:

Were you trained to perform this job? Time on job?

What was condition of the workplace? (clean, wet, dry, etc..)

Was this part of normal process or was something changed (new process)? Was this part of a rework process?

How could this have been prevented? What suggestions do you have to improve the process to prevent a similar injury/accident from occurring in the future?

Any outside of work activities impact or worsen condition or injury (optional – depending on the timing of injury/reporting)

*\*Investigation Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*