



# INCIDENT INVESTIGATION REPORT



Job site of incident: \_\_\_\_\_ Location: \_\_\_\_\_

Personnel involved: \_\_\_\_\_

Dept/Craft: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time (AM/PM): \_\_\_\_\_

Nature of Injury/Property Damage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contributing Factors: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Severity Potential: High/Major \_\_\_\_\_ Med/Serious \_\_\_\_\_ Low/Minor \_\_\_\_\_

Probable Recurrence Rate: Frequent \_\_\_\_\_ Occasional \_\_\_\_\_ Rare \_\_\_\_\_

Actions Taken to Prevent Recurrence: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor / Manager: (Print) \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Investigated By: \_\_\_\_\_

Date: \_\_\_\_\_ Reviewed By: \_\_\_\_\_