

Immediate Accident Investigation Report

Name of Report Preparer:		Report Preparer Job Title:	
Name of Injured Employee:	Injured Employee's Job Title:		Injured Employees Date of Hire:
Type of Employee (Full time, Part time, Seasonal, Other):		Job Duties at the time of the accident:	
Date and time of the accident:		Who was the accident reported to:	
Accident location (Address and location):		Did the injured employee receive medical treatment, if so, where and on what day:	
Is there video footage of the accident (Yes or No). If yes, secure footage for review by investigator:		Was a drug screen completed (Yes or No):	
Was the accident a result of another party (Yes No)? If yes, Who?		Was the accident caused by faulty equipment (Yes or No)? If yes, what equipment and secure for future inspection?	
Witnesses (Yes or No), If yes, obtain the names and statements from witnesses including relevant events leading up to, during and after the incident. (Complete on back or additional page if more space is needed.)			
It is preferred the below information is completed or dictate by the injured employee if possible.			
List of all injured body parts:			
Detailed description of the accident: Include relevant events leading up to, during and after the incident. (Complete on back or additional page if more space is needed.)			

Injured Employees Signature _____

Date and Time Completed _____

Report Preparer's Signature _____

Date and Time Completed _____

