|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee name: | | | | |  | | | | | | | | Position: | | | |  | | | | | | |
| Department: | | |  | | | | | | | | | | | | | | | Volunteer: | | | | 🞎 Yes  🞎 No | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Hire  date: | |  | | | | Injury  date: |  | | | | Time: | | |  | | | am/pm | | Date reported: | |  | | |
| Location of accident (be specific): | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Describe injury and ensuing treatment: | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Describe the accident completely (what happened, i.e., actions, tools, area, conditions): | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Contributing causes: | | | | | | | | | | | | | | | | | | | | | | | |
| 1. |  | | | | | | | | | | | | | | | | | | | | | | |
| 2. |  | | | | | | | | | | | | | | | | | | | | | | |
| 3. |  | | | | | | | | | | | | | | | | | | | | | | |
| 4. |  | | | | | | | | | | | | | | | | | | | | | | |
| 5. |  | | | | | | | | | | | | | | | | | | | | | | |
| Corrective action implemented (engineering, administrative): | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Corrective action follow up date(s): | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Investigation completed by: | | | |  | | | | | | | | Title: | | |  | | | | | Date: | | |  |
| Reviewed by: | | | |  | | | | | | | | Title | | |  | | | | | Date: | | |  |

***Continue report on separate pages as needed. Attach statements made by injured employee and/or witnesses.***