



**ACCIDENT INVESTIGATION REPORT**

Date/Time of Accident:	Date of Report:
Name of Injured Person:	Full time ___ Temp ___ Part time _____
Occupation:	Sex _____ DOB _____ Age _____
Department:	Supervisor:
Address:	Location of accident:
Length of employment:	Phone:
Part of body injured:	Any others injured?

**DESCRIPTION OF ACCIDENT**


**CORRECTIVE ACTIONS**


**WITNESSES**

Name	Address	Phone