



Employee Incident Investigation Report

GENERAL INFORMATION

Injury Date _____ Injury Time _____ Division _____
Accident Facility & Address _____

EMPLOYEE INFORMATION

Name _____ SSN _____
Address _____
Phone # _____ DOB _____ Marital Status _____
Dependents _____ Height _____ Weight _____ Occupation _____
Hire Date _____ Hours Worked Per Day _____ Start Time On Day Of Injury _____
Date Employer Notified _____ Missed Time After Shift _____ Last Day Worked _____
Full Pay For Day Of Injury _____ Body Part Affected _____
Type Of Condition _____ Describe Accident, Including What Employee
Was Doing When It Occurred _____

Name Of Object Or Substance That Directly Attributed To Accident _____
What Caused The Accident _____
Describe The Injury _____

How Could It Have Been Prevented _____

Corrective Actions Taken To Prevent Re-occurrence _____

Lost Time – Yes or No Number Of Days _____ Restricted Duty – Yes or No
Number Of Days _____ Did Employee Accept Medical Treatment – Yes or No
Was Employee Hospitalized - Yes or No Did Employee Return To Work The Same Day - Yes or No
Where Was Employee Treated _____

Name & Phone No. Of Witnesses _____

Report Date _____ **Print** Supervisor Name _____

Employee Signature _____



Incident Investigation

Type: Incident Near Miss Stop The Job
(Circle One)

Employee Involved: _____ Trade: _____ Date: _____

Location: _____ Division: _____ Time: _____ am/pm

Nature of incident: _____

What happened before the Incident: _____

Root Cause: _____

Corrective Actions: _____

Submit with this form:

- * Last Tool Box Safety Meeting
- * JSA for day of incident
- * Other training Documents

Attitude: _____
Hurt themselves: _____
Hurt someone else: _____

Investigators: _____



Eye Injury Investigation

Employee Name: _____ Trade: _____ Date: _____

Location: _____ Branch: _____ Time: _____ am/pm

Describe the work area conditions:

What was the employee doing at the time of injury?

What brand and model of eye wear was used at the time of incident?

What model and brand of hardhat was employee wearing at the time of injury? Wearing it forward or backward?

Describe the type of face shield used at the time of incident:

Describe other PPE worn at the time injury:

On the day if injury, what type of eye wear was required per the JSA?

Corrective Actions:

Submit with this form:

* JSA for day of this incident

Investigators: _____

Office Use Only: _____