

INVESTIGATION REPORT

Thoroughly describe accident: (What, How, Where, Equipment, Activity, etc.) _____

Hospitalized or Treated, Where? (Include Address) _____

Name and Address of Physician: (Include Referral) _____

Did the injury require individual to perform limited duties, or to be assigned to other duties or positions? YES or NO If yes, what duties or position? _____

And, what period of time? _____

Investigated by _____ Title _____ Date _____

SAFETY OFFICER'S REPORT:

What Acts, Failures to Act And/Or Conditions Contributed Most Directly to This Accident? (Immediate Cause)

What Are The Basic or Fundamental Reasons for the Existence of These Acts And/Or Conditions? (Fundamental Cause)

What Action Has or Will Be Taken to Prevent Recurrence? Place "X" By Items Completed

Reviewed by Safety Officer _____ Title _____ Date _____