APPENDIX 2 - ACCIDENT/INCIDENT INVESTIGATION FORM Date: _____ **Investigation Team Names and Titles:** Title Name **Accident/Incident Description/Injury Information** Name of Injured Employee: Age: Employee's First Language: Employee's Job Title:_____ Job at Time of Injury: Type of employment: □Full-time □Part-time □Temporary □Seasonal □Other_____ Length of Time with Company: Length of time in current position at the time of the accident or incident: Date of Accident/Incident:_____Time of Accident/Incident:____ Description and Severity of Injury: Detailed description of accident or incident. Include relevant events leading up to, during, and after the accident or incident. (It is preferred that the information is provided by the injured employee.)



during and after the accident or incident. Include names of persons interviewed, job titles and date/time of interviews.
date/time of interviews.
Description of accident incident from additional employees with knowledge, including relevant events leading up to, during and after the accident or incident. Include names of persons interviewed, job titles and date/time of interviews.



Corrective Actions Taken/Root Causes Addressed
Corrective Actions Taken/Root Causes Addressed
Recommended Corrective Actions to Prevent Future Accidents or Incidents
factors that need to be addressed to prevent future accidents or incidents. If safety procedures were not being followed, why were they not being followed? If a machine was faulty or a safety device failed, why did it fail? It is common to find factors that contributed to the accident or ncident in several of these areas: equipment/machinery, tools, procedures, training or lack of training, and work environment. If these factors are identified, you must determine why these factors were not addressed before the accident or incident.

