ACCIDENT INVESTIGATION REPORT

Injured Employee:	
Social Security:	
Date and time of injury:	Last day worked:
Date returned to work:	
Job location where accident occurred:	
Witnesses:	
Engaged in what work when injured?:	
Job position:	
Nature and extent of injury:	
Name and address of doctor or hospital:	
Description of accident:	
What unsafe conditions or act caused accident?:	
What actions will be taken to prevent similar accidents?:	
Recommendations for additional action:	
Supervisor:	Date:
Investigated by:	