

# INCIDENT INVESTIGATION REPORT

Company/Organization	
Date/Time of Incident	
Location of Incident	
City, State, Zip	

## INITIAL REPORT

*When was the incident first reported? Include date, time, who reported it, and who was it reported to.*

## LOCATION

*Did the incident occur indoors, outdoors, at a job site, while driving, at a residence, etc. Be specific providing more than just the physical address.*

## WEATHER CONDITIONS

*Examples: Sunny, clear, cloudy, windy, fog, misting, rain, snow/sleet/ice, smoke/dust, excessive heat, low visibility, etc.*

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## BEFORE THE INCIDENT

*Describe the scene of the incident. What personnel, equipment, and tools were on site? What time was it? What was happening?*

## WHAT HAPPENED

*Describe the incident. Be thorough and specific.*

## INJURIES/ILLNESSES

*If anyone was sick or injured, describe here, and include name, job title, and phone number. Describe first aid given and/or medical care provided. Work-related injuries and illnesses also require completion of OSHA's recordkeeping requirements on Forms 300 and 301.*

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## PROPERTY DAMAGE

*Include what property was damaged (equipment, tools, building, etc.), the extent of the damage, and exactly what caused the damage.*

## PERSONNEL

*Provide the names, job titles, and phone numbers for anyone who may have information about the incident including witnesses, others on site, subcontractors, the investigation team, and others with relevant special knowledge (scheduling, equipment, etc.)*

## MORE DETAILS

*Provide any additional information that is relevant to the incident investigation.*

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## CONTRIBUTING FACTORS

*What specific actions, inactions, issues, etc. led to this incident.*

## ROOT CAUSE

*What was the cause of this incident? There can be more than one root cause. Also describe what tools were used to reach the root cause decision.*

## CORRECTIVE ACTION

*What immediate actions were taken to prevent this incident from occurring again?*

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## PREVENTIVE ACTION

*What systemic changes have or will be made to ensure no incident like this one will happen again? For each action list the date completed (or the projected date of completion) and the person responsible for the action item.*

## ADDITIONAL INFORMATION

*Attach additional pages to this report which may include witness statements, diagrams, photos, a timeline of events, the root cause analysis, or any other information that may be relevant. List the attachments here.*

Investigator Name			
Job Title		Phone Number	
Signature		Date	

Investigator Name			
Job Title		Phone Number	
Signature		Date	