

Section 18 (a) – Injury Accident Investigation Report PAGE | 1

Date of Accident		Time of Accident	
Company Name		Location	
Site Supervisor		Phone #	

Injured Person's Employer		Employer's Address	
Supervisor Name		Phone #	

Name of Injured Person				Sex		Age	
Contact Info for Injured Person			Injured Person's Occupation				
Employment Category	<input type="checkbox"/> Regular, full-time <input type="checkbox"/> Regular, part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	Length of Employment	<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> 1 year to 5 years <input type="checkbox"/> Greater than 5 years	Time in Occupation	<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> 1 year to 5 years <input type="checkbox"/> Greater than 5 years		
Names of others Injured in same Accident			Names of Witness' to this Accident				
Nature of Injury and Body Part(s) Injured			Severity of Injury	<input type="checkbox"/> Fatality <input type="checkbox"/> Inpatient Hospitalization <input type="checkbox"/> Medical Treatment <input type="checkbox"/> First Aid Treatment <input type="checkbox"/> Other			
Task and Activity at time of the Accident	General Task			Supervision at time of Accident	<input type="checkbox"/> Directly Supervised <input type="checkbox"/> Indirectly Supervised <input type="checkbox"/> Not Supervised <input type="checkbox"/> Supervision not feasible		
	Specific Activity						
	Employee working	<input type="checkbox"/> Alone <input type="checkbox"/> With fellow co-worker(s)					
Specific location of Accident			Weather conditions at time of the Accident				

<p>Describe how the Accident occurred</p>		
<p>Accident Sequence (Describe in reverse order of occurrence events preceding the injury and accident. Starting with the injury and moving backward in time, reconstruct the sequence of events that led to the injury.)</p>	Injury Event	
	Accident Event	
	Preceding Event #1	
	Preceding Event #2	
<p>Causal Factors (Events and conditions that contributed to the accident. Be sure and describe in detail if the proper safety equipment was being used and if it was used correctly.)</p>		
<p>Corrective Actions (Those that have been, or will be, taken to prevent recurrence.)</p>		

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Pictures of Accident		

Name of Investigator		Company Name	
Signature		Date	