

# Accident Investigation

**Injured employee:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Date of accident:** \_\_\_\_\_

**Time of accident:** \_\_\_\_\_

**Nature of accident:** \_\_\_\_\_

**Witnesses:** \_\_\_\_\_

Please provide a detailed description of how the accident/injury occurred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any unsafe acts or conditions that may have contributed to the accident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action taken to prevent recurrence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Supervisor signature**

\_\_\_\_\_  
**Date**