

**ABC Construction- Accident Investigation Report**

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| --- | --- | --- | --- |
| Identifying Information | | | |
| Investigator Name | | Site/Location | |
|  | |  | |
| Date of Incident | Time of Incident | Date Reported | Time Reported |
|  | □AM □PM |  | □AM □ PM |
| Who was the Injury Reported to? | | | |
|  | | | |
| Name of Injured | | Occupation | |
|  | |  | |

|  |  |  |
| --- | --- | --- |
| Illness/Injury | | |
| Part of Body | | Object/Substance Inflicting Harm |
| □ Left □ Right | |  |
| Lost Time Injury? | # Days Lost | Task |
| □ No □ Yes |  |  |
| Property Damage | | |
| Damaged Property | | Nature of Damage |
|  | |  |
| Object/Substance Inflicting Damage | | Person with Most Control of Item |
|  | |  |
| Other Incidents | | |
| Nature of Incident | | Incident Cost |
|  | |  |
| Object/Substance Related | | Person with Most Control of Item |
|  | |  |
| Risk | | |
| Evaluation of Loss Potential if not Corrected | | |
| Loss Severity Potential  □ Major □ Serious □ Minor | | Probably Reoccurrence  □ Frequent □ Occasional □ Seldom |
| Description | | |
| Describe how the incident occurred, including assessment of accident scene (use photos, attach drawings, etc.) | | |
|  | | |
| Eyewitness Name(s) and Statement(s) | | |
|  | | |
| Cause Analysis & Plans | | |
| Immediate Causes | | |
| What substandard action or conditions caused or would have caused the event? | | |
| Basic Causes | | |
| What specific personal or job factors caused or could cause this event? | | |
| Action Plan | | |
| What has and/or should be done to control the causes listed? | | |

|  |  |
| --- | --- |
| Name of Investigator | Signature of Investigator |
|  |  |
| Date | Follow-Up Date |
|  |  |