**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 |
|  |  |