Workplace Accident Investigation Template

Incident Details

Date of Incident
Time of Incident
Location
Deported Dy
Reported By
Position/Department
Description of the Incident
People Involved
Name(s) of Injured Person(s)
Job Title(s)
Witness Name(s)
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Accident Analysis
Describe What Happened

Immediate Causes

Inderlying Causes
njury/Illness Details
ype of Injury/Illness
Part of Body Affected
reatment Provided
Corrective Actions
mmediate Actions Taken
Recommended Preventive Measures
Person Responsible
Completion Date
nvestigator Information
nvestigator Name

Date of Investigation