

Workplace Accident Investigation Report

General Information

Date of Report

Investigator Name

Department

Accident Details

Date of Accident

Time of Accident

Location

People Involved

Description of Accident

Describe what happened

Immediate Action Taken

Actions Taken After Accident

Investigation Findings

Cause(s) of Accident

Witnesses (if any)

Corrective Actions / Recommendations

Future Preventive Measures

Investigator Signature

Name & Signature

Date