Accident Investigation Report

General Information

Date of Report	
_ocation of Accident	
Date & Time of Accident	
Date & Time of Accident	
Reported By	
Department/Area	
People Involved	
Name(s)	
Title/Role	
Contact Information	
Description of Accident	
Describe What Happened	
AAPta a a a (a a)	
Witness(es)	
Accident Details	
Type of Accident	

Injuries/Damage	
Immediate Actions Taken	
Cause Analysis	
Root Cause(s)	
Contributing Factors	
Corrective Actions	
Measures to Prevent Recurrence	
Responsible Person(s)	
Target Date for Completion	
Target Date for Completion	
Target Date for Completion	
Target Date for Completion Report Completed By	
Report Completed By	
Report Completed By Name	
Report Completed By	
Report Completed By Name	