

# Workplace Accident Investigation Checklist

## General Information

Date of Incident

Time of Incident

Location

Name of Injured Employee(s)

Job Title

Department

Person Completing Report

## Incident Description

Describe what happened

Describe the injury/damage

## Immediate Actions Taken

- ☐ Provided first aid/medical attention
- ☐ Secured area/equipment
- ☐ Notified supervisor/management
- ☐ Investigated scene

## Witnesses

## Names and Contact Information

## Contributing Factors

- ☐ Unsafe acts
- ☐ Unsafe conditions
- ☐ Lack of training
- ☐ Equipment failure
- ☐ Procedures not followed
- ☐ Other

## Root Cause(s)

Identify root causes

## Corrective Actions

- ☐ Repair or replace equipment
- ☐ Update procedures
- ☐ Provide additional training
- ☐ Implement new controls
- ☐ Other

Describe actions taken or to be taken

## Review & Follow-up

Person responsible for follow-up

Completion date

Additional comments

