

Incident Investigation Report

General Information

Date of Incident

Reported By

Department / Area

Specific Location

Incident Details

Description of Incident

Time of Incident

e.g. 14:30

Persons Involved (Names & Roles)

Immediate Actions Taken

Investigation

Root Cause Analysis

Contributory Factors

Witnesses

Name	Contact	Statement

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Corrective and Preventive Actions

Actions to Prevent Recurrence

Review and Sign Off

Investigator Name

Date

Manager / Supervisor

Date