

Incident and Accident Investigation Report Form

Date of Report

Report No.

Date of Incident

Time of Incident

Location of Incident

Reported By (Name & Position)

Persons Involved (Names & Positions)

Description of Incident

Injuries / Damages

Witnesses (Names & Contacts)

Immediate Action Taken

Root Cause Analysis

Recommendations / Preventive Actions

Investigator's Signature

Date

Supervisor/Manager's Signature

Date