Employee Injury Investigation Document

Employee Information

Employee Name

Employee ID

Department

Position/Title

Incident Details

Date of Incident

Time of Incident

Location of Incident

Description of Incident

Description of Injury

Witnesses

Name	Contact Information	Statement

Root Cause Analysis

Root Cause(s) of Incident

Corrective/Preventative Actions

Person Responsible

Target Completion Date

Investigator Information

Investigator Name

Signature

Date