

Workplace Accident Investigation Report

Basic Information

Date of Accident

Time of Accident

Location

Reported By

Department/Section

People Involved

Name(s) of Injured/Involved

Witness(es)

Description of Accident

Describe what happened

Type of Injury / Damage

Immediate Cause

Investigation Details

Underlying Causes / Contributing Factors

Action Taken

Recommendations

Investigator Name

Signature

Date