

# 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