
Company Name

Incident Investigation Report

Date/Time: _____

1. Incident Type: ☐ Injury/Illness ☐ Close Call ☐ Fire
 ☐ Spill ☐ Major Potential
 ☐ Property Damage ☐ Vehicle Collision

2. Incident Date (M/D/Y): ____/____/____

3. Time (24 Hour Clock): _____

4. Area: _____

5. Specific Location: _____

Injury/Illness

6. ☐ First Aid ☐ Medical Aid ☐ Modified Work ☐ Lost Time ☐ Fatal

7. Name of Worker: _____

8. Age: _____

Gender: _____

9. Occupation: _____

10. Experience: _____

11. Nature of Injury: _____

12. Object/Equipment/Substance Inflicting Injury/Damage: _____

Property Damage

13. Description of Property: _____

14. Description of Damage: _____

15. Estimated Loss/Damage Cost: _____

Other Actual/Potential Loss

16. Type: _____

17. Description: _____

18. Estimated Cost: _____

19. Evaluation of Risk Potential if Not Corrected (circle selection):

Severity: 1. Imminent Danger 2. Serious 3. Minor 4. Not Applicable (N/A)

Probability: A. Probable B. Reasonably Probable C. Remote D. Extremely Remote

20. Description of Incident:

Diagram of Scene:



Witness(es):

21. Witness Statement(s) Attached: ☐ Yes ☐ No

22. Description of Immediate Cause(s)

23. Description of Underlying Cause(s)

24. Corrective Action(s) (Immediate, Interim, Final):

Recommendations Completed by Whom:	Date/Time:
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25. Date Report Completed: (Y/M/D) ____/____/____

Signatures

Supervisor:

Worker: