SAFETY STANDARD OF EXCELLENCE℠

An Initiative of the American Staffing Association and National Safety Council

INCIDENT INVESTIGATION REPORT FORM

Case Number:

Company	Address			
Department	Location (if different from mailing address)			
1. Name of injured	2. SSN (#)	3. Sex ❑ M ❑ F	4. Age	5. Date of incident
6. Home address	7. Employee's usual occupation 8. Occupation at time of incident			
9. Employment category ❑ Regular, full-time ❑ Non-employee ❑ Regular, part-time ❑ Temporary ❑ Seasonal	10. Length of employment ❑ Less than 1 mo. ❑ 6 mos -5yrs. ❑ 1-5 mos ❑ Over 5 yrs.	11. Time in occupation at time of incident ❑ Less than 1 mo. ❑ 6 mos. - 5 yrs. ❑ 1-5 mos. ❑ Over 5 yrs.		
12. Nature of injury and body part	13. Case numbers/names of others injured in same incident _____ _____ _____ _____ _____ _____			
14. Name and address of physician	15. Name and address of hospital			
16. Time of injury A. _____ AM or PM B. Time within shift C. Type of shift	17. Severity of injury ❑ Fatality ❑ Lost workdays -days away from work ❑ Lost workdays -days of restricted activity ❑ Medical treatment needed ❑ First aid needed ❑ Other, specify:			
18. Specific location of incident (describe) On employer's premises? ❑ Yes ❑ No	19. Phase of employee's workday at time of injury ❑ During rest period ❑ Entering or leaving plant ❑ During meal period ❑ Performing work duties ❑ Working overtime ❑ Other:			
20. Describe how the incident occurred				

INCIDENT INVESTIGATION REPORT FORM (continued)

21. Incident sequence. Describe, in reverse order of occurrence, events preceding the injury and incident. Starting with the injury and moving backward in time, reconstruct the sequence of events that led to the injury.

A. Injury event _____

B. Incident event _____

C. Preceding event #1 _____

D. Preceding event #2, 3, etc. _____

22. Task and activity at time of incident

General type of task: _____

Specific activity: _____

Employee was working: ❑ Alone ❑ With crew or other workers ❑ Other/Specify:

23. Posture of employee

24. Supervision at time of incident

❑ Directly supervised ❑ Indirectly supervised

❑ Not supervised ❑ Supervision not feasible

25. **Causal factors.** Events and conditions that contributed to the incident. Include actions identified using the Guide for Identifying Causal Factors and Corrective Actions.

26. **Corrective actions.** Actions that have been or will be taken to prevent recurrence. Include actions identified using the Guide for Identifying Causal Factors and Corrective Actions.

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Prepared by _____ Approved _____

Title _____ Title _____ Date _____

Department _____ Approved _____

Date _____ Title _____ Date _____

Developed by the National Safety Council