



WILLIAM & MARY
ENVIRONMENT, HEALTH
& SAFETY OFFICE

ACCIDENT INVESTIGATION FORM

This form is to be utilized as an aid to further investigate accidents/injuries, to establish a root cause of the event, and to identify actions to mitigate future occurrences. For further assistance, please contact the William & Mary Environment, Health and Safety Office.

Injured Employee Name: _____ Job Title: _____
(If an injury occurred)

Department: _____ Incident Date/Time: _____

Supervisor: _____ Investigation Date: _____

Summary of What Occurred:

Attach a sketch and photographs as necessary.

Site Observations:

Attach a narrative statement written by the injured person(s).

Witness Accounts:

Other Information:

Causes of incident:

1. _____
2. _____
3. _____
4. _____

Were practical means of accident prevention employed?

Ensure all hazards are controlled and service/repair requests have been initiated if needed.

Follow-up actions taken/required (For completed actions, list the date completed and for future actions, list the estimated date of completion):

Lessons Learned:

Investigated by: _____ Date: _____