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: _______________________________