

# INVESTIGATION REPORT

Please Report Injuries on First Aid Treatment Record Form.

Date/Time of Report:	Date/Time of Incident:	
Project:	Location:	
Time of Incident:	Person In Charge:	
Reported by:	Reported to:	
<b>Conditions at time of accident</b> (weather, status of job, housekeeping, etc.):		
<b>Description of accident</b> (what equipment, tools, materials, etc. were involved? What was the job being done? What happened?)		
<b>Person(s) Involved or Witnesses</b>		
Name	Address	Telephone

DIAGRAM OF SCENE:

<b>Causes of Accident:</b>
<i>Secondary</i>
<i>Root</i>

<b>Recommended Action(s) to Prevent Re-occurrence</b>		
<i>Immediate(Short Term)</i>	<i>Person Assigned</i>	<i>Date Action(s) to be Taken:</i>
<i>Long Term</i>		<i>Date Action(s) to be Taken:</i>
<b>Signature of Investigator:</b>		