

# Sample Incident Investigation Report

COMPANY NAME \_\_\_\_\_

LOCATION \_\_\_\_\_

DATE OF REPORT \_\_\_\_\_

NAME OF PERSON COMPLETING REPORT \_\_\_\_\_

- Describe where the incident occurred (e.g., Inside the entryway to building #4).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Who was injured? (name, address and phone number). Taken to the emergency room or hospital?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Date and time the incident occurred. \_\_\_\_\_

- Weather conditions (if occurred outdoors). \_\_\_\_\_

- Injured person's statement of what happened.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Manager / Supervisor's statement of what was reported to them.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## WITNESS DESCRIPTION

- Witnesses to the incident. Include employees and any other tenants or customers' names and phone numbers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Incident Analysis

What conditions contributed most directly to this incident? \_\_\_\_\_

What are the root or fundamental causes of the incident? \_\_\_\_\_

Was the incident a result of violation of established safety policies?      Yes      No

If yes, explain: \_\_\_\_\_

Are changes necessary in the operations or procedures to prevent this type of incident in the future?      Yes      No

## Recommended Corrective Actions

Describe recommendations for corrective action(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Schedule or date for the completion of corrective action(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Primary Investigator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (*print*)