



MANAGEMENT INCIDENT INVESTIGATION REPORT

The purpose of this report is to help prevent similar incidents from recurring. Make this report as accurate and thorough as possible. Remember, always follow-up with the appropriate corrective action(s)

Incident:

Near Miss Minor Injury Minor Illness Major Injury Major Illness

Incident Date: _____ Time: _____ AM/PM

Injured Employee: _____ Age: _____

Occupation: _____ Months on this job: _____

Where did the incident occur? _____

Witness (es) _____

How did the incident occur? (What was the employee doing when injured?) _____

Describe the injury(s) or damage. _____

What unsafe act(s) contributed to the incident? _____

What unsafe condition(s) contributed to the incident? _____

What do you recommend be done (or have you done) to prevent this type of incident from recurring? _____

Investigation conducted by: _____ Date: _____

Report reviewed by: _____ Date: _____

Declines Medical Treatment

Signature _____ Date _____

Corrective action(s) taken and date: _____

