



**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_