



ACCIDENT / INCIDENT / NEAR MISS INVESTIGATION REPORT

This form is to be used to document supervisory investigations of work-related incidents that result in injury. This report should also be used to document investigation of "near-miss" incidents that could have resulted in injury/illness.

Employee Name:	Job Title:	ID #
Hire Date:	Position Date:	Agency/Dept. Name/BU#:
Supervisor's Name:	Title:	Phone #:
Date & Time of Incident:	Incident Report Date:	Date Investigation Began: Completed:
Person Conducting the Investigation: (Include job title and phone number)		
Incident Location: (Attach small sketch or drawing if necessary)		
Incident Type: (Select the most appropriate response) <input type="checkbox"/> Struck Against <input type="checkbox"/> Fall to Different Level <input type="checkbox"/> Training <input type="checkbox"/> Other (Describe) <input type="checkbox"/> Struck By <input type="checkbox"/> Slip or Twist <input type="checkbox"/> Contact Electrical Current _____ <input type="checkbox"/> Caught In or Between <input type="checkbox"/> Exposure to Temp. Extreme <input type="checkbox"/> Muscular Strain _____ <input type="checkbox"/> Fall on Same Level <input type="checkbox"/> Skin Exposure <input type="checkbox"/> Respiratory Exposure _____ <input type="checkbox"/> RMI/CTD (office) <input type="checkbox"/> RMI/CTD (non-office) <input type="checkbox"/> Exposure to Physical Agents (Noise/Radiation/Chemical) _____		
Incident Description: (Describe what happened, what was the employee doing at time of occurrence, be specific)		
Injury/Illness Description: (If any) Be specific i.e., 1 inch cut to third finger, left hand, etc.		
Property Damage Description: (If any)		
Root Cause: (Select the most appropriate response and then describe below) <input type="checkbox"/> Procedures <input type="checkbox"/> Training <input type="checkbox"/> Facilities <input type="checkbox"/> Equipment <input type="checkbox"/> Environment <input type="checkbox"/> Communication <input type="checkbox"/> In a Hurry <input type="checkbox"/> Other		
Describe Primary Cause of Incident: _____ _____ _____		
Additional Causes: (If any) _____ _____		

