

Accident/Incident Investigation Form

The following form will allow you to investigate accidents/incidents in order that lessons can be learned to prevent similar accidents/incidents in the future. The information gathered will be used to improve the management of health and safety within the company.

Date and Time of Accident/Incident	
Location of Accident/Incident	
Name of Injured Party (if applicable)	
Circumstances of Accident/Incident	
Witness Statements	
Immediate response to Accident/Incident	

Accident/Incident Investigation Form

Preventative Measures Currently in Place	
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Immediate Causes	
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Underlying Causes	
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Actions Taken to Prevent Recurrence	
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Other Relevant Information	
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Signed..... Name (print)..... Date.....

Please return a copy of this form to the company office within 5 days of the accident/incident