



Safe Work Practices / Procedures / Instruction

ACCIDENT / INCIDENT INVESTIGATION

Company: _____

Project Name: _____

Date of Incident: _____

Time: _____

Worker's Name: _____

Date of Birth: _____

This was an:

- ☐ Accident
☐ Incident
☐ Near Miss

Witnesses:

1. _____
2. _____
3. _____

Nature of Injury:

Description of accident:

Primary causes:

Contributing factors:

Recommendations:

Investigated by: 1. _____ 2. _____ 3. _____

Date: _____

Time: _____

Signed by: _____

Position: _____