



# ACCIDENT INVESTIGATION REPORT



DRIVE-IN#: \_\_\_\_\_

LOCATION: \_\_\_\_\_

INJURED EMPLOYEE: \_\_\_\_\_

INVESTIGATOR: \_\_\_\_\_

DATE OF ACCIDENT: \_\_\_\_\_

TIME OF ACCIDENT: \_\_\_\_\_

LOST TIME:  YES  NO

PROPERTY DAMAGE:  YES  NO

IN ATTENDANCE: \_\_\_\_\_

DESCRIPTION OF ACCIDENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WITNESS STATEMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CONTRIBUTING FACTORS: \_\_\_\_\_

\_\_\_\_\_

ROOT CAUSE(S): \_\_\_\_\_

\_\_\_\_\_

OTHER POTENTIAL HAZARD SOURCES IDENTIFIED: \_\_\_\_\_

\_\_\_\_\_

<u>PREVENTION STRATEGIES</u>	<u>ACCOUNTABLE PERSON(S)</u>	<u>TARGET DATE</u>	<u>COMPLETION DATE</u>

FOLLOW UP REQUIREMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Manager's Signature**                      Date

\_\_\_\_\_  
**Partner's Signature**                      Date