ACCIDENT INVESTIGATION REPORT

Follow-Up Report Conducted by Administrator, Director, Manager, Supervisor

Please FAX Form to Bruce Ballard Within 5 DAYS of ACCIDENT 903-262-1166

Employee Name: _____ Job Title: _____

Injury Date: _____ Accident Location: _____ Type of Injury: _____

Description of Injury: _____ Slip & Fall – Type of Shoes?

_____

WHAT HAPPENED:
(Discuss with injured employee and any witnesses)

UNSAFE ACT ( ) UNSAFE CONDITION ( ) UNSAFE EQUIPMENT ( ) OTHER ( )
TAKE PICTURES ***TAKE PICTURES***

Please describe items checked:

TAKE PICTURES OF ANYTHING THAT HELPS EXPLAIN THE ACCIDENT

DESCRIBE THE FUNDAMENTAL ACCIDENT CAUSE:

Investigated By: _____ Date: _____

USE BACK OF FORM FOR CONTINUATION OF COMMENTS