This sample report form can help document the findings of a preliminary investigation into an accident or incident in your workplace. You can copy and use this form or make your own. Fill out an investigation report as soon as possible after an accident or incident.

Employee(s) name(s): ____________________________________________________________
____________________________________________________________________________

Time & date of accident/incident: ________________________________________________

Job title(s) and department(s): ________________________________________________
____________________________________________________________________________

Supervisor/lead person: _______________________________________________________

Witnesses: __________________________________________________________________
____________________________________________________________________________

Brief description of the accident or incident: ______________________________________
____________________________________________________________________________
____________________________________________________________________________

Indicate body part affected:

Did the injured employee(s) see a doctor? ( ) Yes ( ) No

If yes, did you file an employer’s portion of a worker’s compensation form? ( ) Yes ( ) No

Did the injured employee(s) go home during their work shift? ( ) Yes ( ) No

If yes, list the date and time injured employee(s) left job(s): _______________________
____________________________________________________________________________

Supervisor’s Comments: _________________________________________________________
____________________________________________________________________________

What could have been done to prevent this accident/incident? _______________________
____________________________________________________________________________

Have the unsafe conditions been corrected? ( ) Yes ( ) No

If yes, what has been done? ____________________________________________________
If no, what needs to be done? ____________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Employer or Supervisor’s signature: ______________________________________
Date: _________________________________________________________________
Additional comments/notes: _____________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________