



Investigation and Reporting

Incident Investigation Report

(Supervisor)

Today's Date:		
Who was involved?		
What happened? Diagram can be drawn on back of page if needed.		
Date incident occurred?:	Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Where?		
What was the direct immediate cause?		
What were the indirect underlying causes?		
What training, instruction, orientation and cautions was given before the incident?		
Recommendation for further action to prevent similar incidents:		
Recorded By: (Print)	Signature:	
Person Involved: (Print)	Signature:	
Person in Charge: (Print)	Signature:	
Reviewed by senior management:	Date:	Sign
Comments/Recommendations: _____		

