VMTH VISITOR ACCIDENT INVESTIGATION FORM
(Internal Use Only)

Name of Injured Person: _____ Date of Injury: _____

Name of Supervisor: _____ Telephone #: _____

Department: _____ Location of Injury: _____

Brief Description of Accident:

Nature of Injury (describe all body parts affected):

Was Training Provided?	Yes	☐	No	☐	NA	☐
Were established procedures followed?	Yes	☐	No	☐	NA	☐
Were tools or equipment adequate for task?	Yes	☐	No	☐	NA	☐
Were environmental conditions a factor in the incident?	Yes	☐	No	☐	NA	☐

Elaborate on Responses:

Proposed Corrective Action:

Supervisor: _____ Date of Report: _____

Signature: _____

IIPP-Appendix D
March 2006

Completed copies of this form should be routed to the department Safety Coordinator and kept in department files for at least three years.