INJURY / ACCIDENT / INCIDENT INVESTIGATION FORM

Name of Injured Person: _____ Date of Injury: _____

Name of Supervisor: _____ Telephone #: _____

Department: _____ Location of Injury: _____

Brief Description of Injury / 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: _____

SVM IIPP-2010

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