



INCIDENT INVESTIGATION REPORT

Incident Type:

Injury / Illness Damage Fire MVA Other: _____

Incident Date (M/D/Y):	Confirm Time:
Location of Incident:	
Employee's Involved:	

Description

Description of Incident: _____ _____ _____ _____ _____
Tools/Equipment Involved:
Weather Conditions:

Findings

Immediate Cause: _____ _____ _____
Contributing Cause: _____ _____ _____
Root Cause: _____ _____ _____



Documentation

Pre-Vehicle Inspection Completed?	YES	NO
Witness Statement(s) Attached:	YES	NO
Pictures Attached:	YES	NO

Result

Injury Associated with Incident: _____ _____
Damage Associated with Incident: _____ _____
Cost Associated with Incident: _____ _____

Corrective Actions:

Action Plan:

Actionable Item	Responsible	Due Date	Completed

Safety Signature: _____ **Date:** _____

Executive Signature: _____ **Date:** _____