

INCIDENT INVESTIGATION SUMMARY FORM

Employee: _____

Date of Incident: _____

Department: _____

Time of Incident: _____

Supervisor: _____

Supervisor's Phone#: _____

Location of Incident: _____

Briefly describe the Incident: _____

Tools/Equipment involved: _____

Witness (es): _____

Was the Incident preventable? Yes No
Was Personal Protective Equipment (PPE) worn appropriately?

Yes No N/A

Was there an injury as a result of the Incident? Yes No
Will medical treatment be sought?

Yes No N/A

What can or will be done to prevent re-occurrence of this Incident?

Investigator Signature: _____

Supervisor Signature: _____

Department Head Signature: _____

To be completed by a supervisor or investigator. The employee involved in the Incident should not fill out this form.

Revised 1/11