

Incident Investigation Report

Plant Location: _____

Plant Code: _____

1. Employee: _____ Social Security #: _____
2. Sex: M F Age: _____ Date of Incident: _____
3. Reported to Insurance Co. Yes No Loss Time Injury: Yes No
4. Employee Job's Title: _____
5. Date of Hire: _____
6. Address where Incident occurred: _____
7. Drug & Alcohol Test: Yes No Why not? _____
8. Vehicle/Property Incident: Any Facilities Any bodily injury with treatment away from the scene
 Any vehicle towed from the scene because of disabling damage
9. Damage to Vehicle/Property: _____

10. Personal Injury: Nature of Personal Injury and part of the body affected: _____

11. Medical Treatment Provided: _____
12. Describe the incident and how it occurred: _____

13. Is Claim Work Related: Yes Questionable – Why? _____

14. Was Personal Protective Equipment required? (i.e. seat belt, goggles, etc.) Yes No
Was it provided? Yes No Was it being used? Yes No
If "No", explain: _____
15. Witness(es): _____
16. Was the incident preventable? Yes No
17. Was Safety Training provided to the employee? Yes No
18. If "No", explain: _____

19. Date of Report: _____
Prepared by: _____
20. Home Office follow-up: _____

Home Office review by: _____ Date: _____