



Employee Accident Investigation Form

Within 48 hours of an accident, a building administrator should investigate the cause of the accident and complete this form.

Injured Employee's Name _____

Date of Accident _____ Date Accident was Reported _____

Please give a brief description of the accident: _____

What can be done to reduce the chances of a repeat accident? _____

Who will be in charge of implementing any needed changes? _____

By what date will the implementation of changes begin? _____

On what date will the implemented changes be evaluated? _____

Please list the names of the people you talked with concerning this accident.

Signature _____

Date _____

This form should be submitted to the Associate Superintendent for Human Resources within five days after the accident.

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