

### Incident Investigation Form

This form is to be completed by Risk Management following an employee injury.

Section A - ESTABLISHMENT INFORMATION	
Name of investigator	
Job title	
Name of company	
Company address	
Contact phone	
Contact fax	
Contact email	
Company NAICS code	
Number of employees	
Union contact information	

Section B - INJURED EMPLOYEE INFORMATION	
Injured employee name	
Age	
Gender	
Employee job title	
Job at time of incident	
Type of employment	
Length of employment	
Time in current position	
Nature of injury	
Part(s) of body affected	

Section C - INCIDENT INVESTIGATION	
Date and time of incident	
Location of incident	
What was the employee doing just before the incident?	
What was the outcome?	
What object or substance harmed the employee?	

**Section D - CONTRIBUTING FACTORS AND ROOT CAUSE**

Behaviors and Conditions

Root Cause(s)

**Section E - CORRECTIVE ACTIONS AND RECOMMENDATIONS**

Recommendations

Corrective Actions