

ACCIDENT / NEAR MISS INVESTIGATION
(SAMPLE)

Date of Accident: _____ **Time:** _____

Worker's Name: _____ **Age:** _____

Occupation: _____

Location: _____

Witnesses: _____

Nature of Injury: _____

Description of Accident: _____

Cause of Accident: _____

Recommendations for Correction: _____

Follow-Up Actions: _____

Investigated By: _____

Date: _____ **Time:** _____

Location: _____

Signed By: _____ **Position:** _____