

Safety Coordinator=s Incident Investigation Report

EMPLOYEE=S NAME:	AGE:	EXPERIENCE ON JOB:	DATE HIRED:
DEPARTMENT:	DATE & TIME OF OCCURRENCE:		DATE REPORTED:
EMPLOYEE=S SUPERVISOR/FOREMAN:		EQUIPMENT INVOLVED:	
PART(S) OF BODY INJURED:		NATURE OF INJURY:	
INCIDENT DESCRIPTION:			
CONTRIBUTING FACTORS:			
ROOT CAUSE:			
LOSS SEVERITY POTENTIAL <input type="checkbox"/> MAJOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> MINOR		PROBABLE RECURRENCE RATE <input type="checkbox"/> FREQUENT <input type="checkbox"/> OCCASIONAL <input type="checkbox"/> RARE	
ACTION TO PREVENT RECURRENCE:			
INVESTIGATED BY:	ACTION PLAN #:	DATE:	REVIEW DATE:
REVIEWED BY:	DATE:	INCIDENT REPORT #:	