

ACCIDENT INVESTIGATION REPORT for BACHMAN MACHINE COMPANY

GENERAL			
Company	Date of occurrence	Time	Date reported
Location	Department	Did accident occur on premises () Yes () No	
[] PERSONAL INJURY OR ILLNESS			
Name	Classification	Clock Number	
Part of body involved	Nature of injury or illness		
Object/equipment/substance causing injury or illness	Person with most control of object/equipment/substance		
[] PROPERTY DAMAGE			
Property damage or lost	Estimated costs \$	Actual costs \$	
Nature of damage or loss			
Object/equipment/substance causing damage or loss	Person with most control of object/equipment/substance		
DESCRIPTION			
Describe clearly how the accident or property damage occurred			
Type of personal protective equipment required	Was injured employee using required protective equipment () Yes () No		
ANALYSIS			
What acts, failures to act and/or conditions contributed most directly to this accident or property loss?			
PREVENTION			
What action has or will be taken to prevent recurrence?			
Investigated by:	Date	Superintendent or manager	Date
Names(s) or witness(es)			
FOR OFFICE USE ONLY			
Did the injured employee leave work?		Date	Time
Did the injured employee go to the doctor? () Yes () No	To the hospital? () Yes () No	Expected date of return to work	
Was injured employee released to: () limited duty () full duty		Date released to full duty	
Restrictions			
FORWARD TO HUMAN RESOURCES WITHIN 24 HOURS OF AN ACCIDENT			