

ACCIDENT INVESTIGATION REPORT
USDA/ARS/MIDWEST AREA

EMPLOYEE

Name:

Age:

Position/Title:

Injury, body part:

Medical Facility:

Employee's Supervisor:

Location/Unit:

BACKGROUND

Date of Accident:

Time of Accident:

Location:

Equipment Involved:

Equipment/Contributing Factors:

ACCIDENT DESCRIPTION

ACCIDENT INVESTIGATION REPORT
USDA/ARS/MIDWEST AREA

WITNESSES AND/OR POC

Name:

Position/Title:

Name:

Position/Title:

Name:

Position/Title:

Name:

Position/Title:

ACTIONS OR MEASURES THAT COULD HAVE PREVENTED THE ACCIDENT

WHAT ACTIONS ARE BEING TAKEN TO PREVENT REOCCURRENCE?