



ACCIDENT INVESTIGATION REPORT

Project:
Project Number:
Project Location:

Name of injured/deceased:
Type of Accident:
Work Operation:
Nature of Injury:

Trade:
Source of Injury
Part of Body:
Date and Time of Occurrence:

Exact Location of Occurrence:
Witness to Conditions Prior:
Eyewitness to Occurrence:
Witness to Conditions After:

How Did The Accident Occur:

What Action Was Taken Or Will be Taken:

Name of person(s) completing accident report:
Title of person(s) completing accident report:
Date report completed: