

Appendix 5



Sample Investigation Report

Investigation Report

Company:	Date:	Time:
Supervisor:	Incident Reported By:	Investigated By:

Injury

Person injured:	Phone Number:	Experience:
Date of Birth:	Address:	Type of Injury:
Location of Injury:	Source of the Injury:	Treatment Required:

Description of the Incident:

Corrective Actions

Actions Taken:	Person Performing Actions:	Due Date:
Employee Performing Actions Print Name:	Employee Performing Actions Signature:	Date:
Manager Print Name:	Manager Signature:	Date:

Follow up Date:
