



Accident/Incident Investigation

Milltron Job Number:

IDENTIFICATION	Last Name		Occupation	
	First Name		Date of Report	Length of Service
	Date of Incident	Time of Incident	Name of First Aid Attendant	
	Location of Incident			
	Injury Sustained			
	Incident Type (eg: Near Miss, Lost Time, ect.)			

DESCRIPTION	Describe how and where the accident/incident occurred.			
Describe the measures taken immediately following the accident/incident.				
List the causes of the accident/incident.				

Turn Over ---->

CAUSE ANALYSIS	List the safety equipment worn at the time of the accident.		
	Was safety equipment adequate?	Were safety procedures followed?	Were safety procedures adequate?
	If no, to any of the above, please explain.		
	Do you know of any disability the worker had prior to injury? If yes, explain.		
When did the worker return to work and are there any restrictions?			

ACTION PLAN	Recommendations to prevent reoccurrence.		
	List any actions taken to prevent reoccurrence.		
		Action	By whom
List any forms completed.			

SIGNATURES		Name	Signature	Date
	Employee			
	Supervisor			
	Supervisor			