

Elizabeth Forward School District
Workplace Safety Committee

INCIDENT INVESTIGATION REPORT

Building: _____

Investigator: _____

Incident victim name: _____

Job Title: _____

Hire Date: _____

Witness' Names: _____

Incident Date: _____ Time: _____ Location: _____

Detailed Description of Incident: (attach a separate page if needed)

Had a similar incident occurred? Yes ___ No ___

What caused the incident?

List all causes and contributing factors, such as lack of training, poor equipment maintenance etc.

How can this type of incident be prevented?

List corrective actions to be taken. Who will do it? When will it be done?

Attach photos or other relevant information.