

## INCIDENT INVESTIGATION WORKSHEET

Note: This form can be completed in handwriting. Scan or send completed form to Safety Department

Incident / Employee Name:	Date of Incident:
Employee Address:	Time of Incident
Employee Phone:	Date/Time Notice:
Facility:	Department:
Investigation Team:	Date of Investigation:

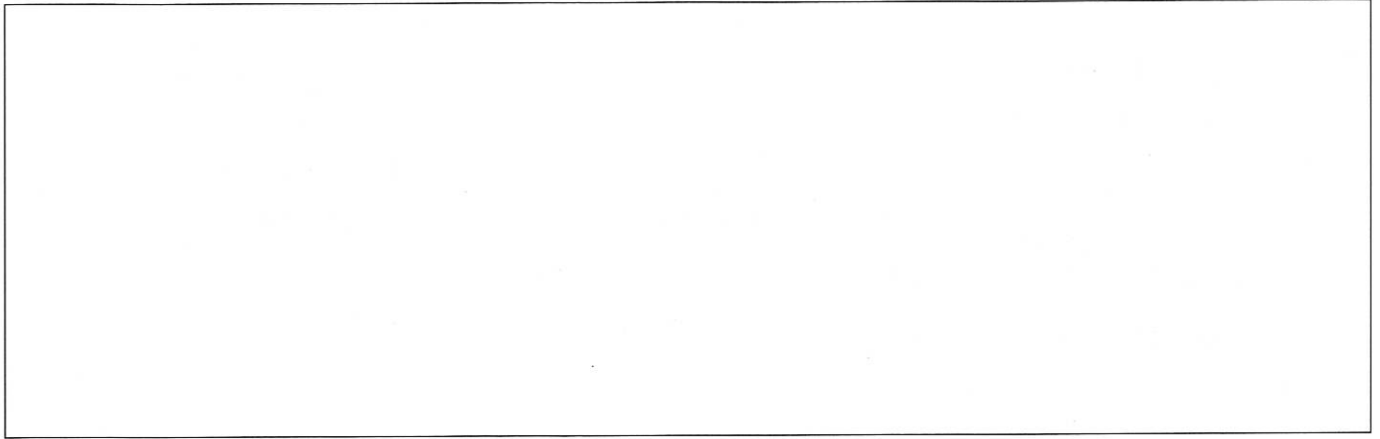
**Brief Description of Incident:**

### Step 1 – FACT FINDING

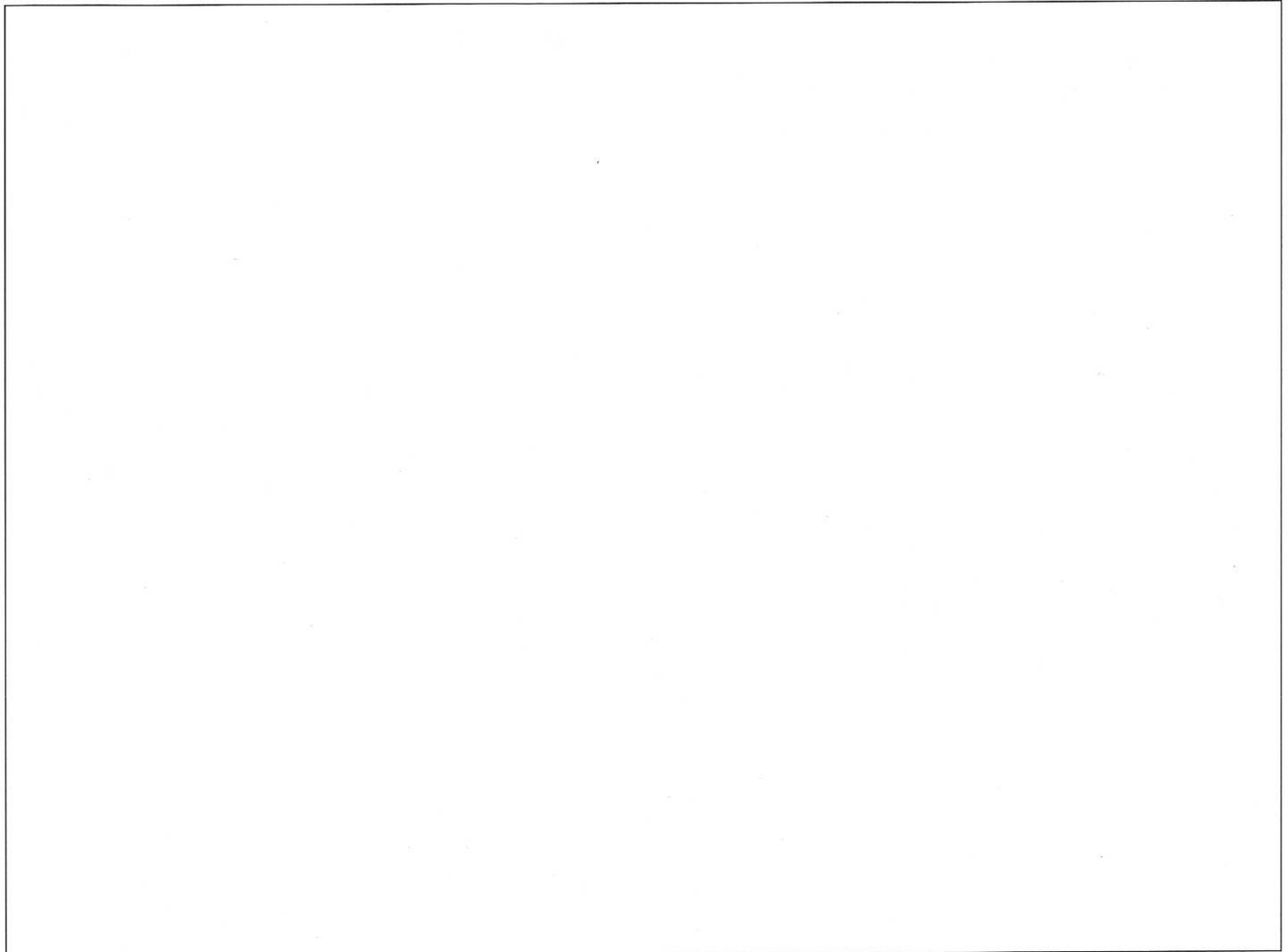
**Note facts found during investigation:**

## STEP 2 – SYSTEM ANALYSIS

**Step 2a – Determine sequence of events**

A large, empty rectangular box with a thin black border, intended for the user to determine the sequence of events.

**Step 2b – Identify causes and contributing factors**

A large, empty rectangular box with a thin black border, intended for the user to identify causes and contributing factors.



**Step 2d – Brief Report of Findings**

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**Step 3 – ASSIGN CORRECTIVE ACTIONS**

Corrective Actions	Who	By When

Additional Comments

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