



Workplace Safety Incident Investigation Report

Organization:

Incident Report Number:

Date of Report:

SECTION A — INCIDENT SUMMARY

Incident Overview

Date/Time/Location

Employees Involved

Description of What Happened



Injury or Damage Information

Immediate Response Actions Taken

SECTION B — INVESTIGATION TEAM

Investigation Team Members

Investigation Dates

Investigation Activities Conducted

Documents Reviewed



SECTION C — SCENE DOCUMENTATION

Physical Evidence Collected

Photographs

Diagrams and Sketches

Equipment and Environmental Conditions



SECTION D — WITNESS STATEMENTS

Witness Information

Summary of Statements

Key Facts Established Through Interviews

SECTION E — ROOT CAUSE ANALYSIS

Immediate Causes

Contributing Factors



Root Causes

Root Cause Determination Summary

SECTION F — CORRECTIVE ACTION PLAN

Corrective Actions

Interim Controls Implemented

Long-Term Preventive Measures



Follow-Up Verification

Management Review and Approval

Investigation Team Leader:

Date:

Department Manager:

Date:

Safety Representative:

Date:

Executive Review (if applicable):

Date: