FORM 1 - ACCIDENT/INCIDENT INVESTIGATION REPORT

FORM 1 - ACCIDENT/INCIDENT

INVESTIGATION REPORT

Witness Account of Incident		
Witness Signature		Date
Manager/Instructor Account of Incident		
Manager/Instructor Signature		Date
Supervisor at Time of Accident:	☐ Directly Supervised	☐ Indirectly Supervised
	☐ Not Supervised ORRECTIVE ACTION	☐ Supervision Not Feasible
CASUAL FACTORS, EVENTS & CO	ONDITIONS THAT CONTRIBUTED	TOTHE ACCIDENT:
Corrective Actions: Those that have been or will be taken to prevent recurrence:		
Date Due:		
UT HR or CHBO REVIEW		
Approved by:	Title:	Date
		Case Number: