Report of Employee Injury Investigation

Accident Date:	**Accident Time**:	**Reported by**:
Terminal:	**Location of accident**:	
Employee's Name:		
Detailed Description of the accident:		
Nature of Injury:		
Part of body affected:		
Was there lost time ☐ Yes ☐ No	**Lost time began**: **Lost time ended**:	
Hospital:	**Doctor**:	
What acts, failure to act or conditions contributed to this incident:		
Loss Severity Potential:	☐ Major ☐ Serious ☐ Minor	
Probable Rate of Recurrence:	☐ Frequent ☐ Occasional ☐ Rare	
What action has or will be taken to prevent recurrence:		
Other remarks or recommendations:		
Safety Dept. Notified on:	**Reported by**:	
Safety Department Use		
Date Received:	**Type**: Backing	**Location**:
OSHA 300: ☐ Yes ☐ No	**Classification**: ☐ Preventable ☐ Non-preventable	
Signature:	**Comments**:	