Accident, Injury, and Illness Investigation Form

Employer: 

Person completing form: 

1. Date of injury or illness: __/__/____ (e.g. 01/02/2004)

2. Name(s) of affected employee(s): 

3. Work area/job affected employee(s): 

4. Nature of Injury or Illness: 

5. Part(s) of body affected: 

6. What workplace condition, work practice or protective equipment contributed to the incident? 

7. Was a safety rule violated? ☐ Yes ☐ No
   If yes which one? 