

FERGUS COUNTY

INCIDENT INVESTIGATION REPORT FORM

Employee/Public-Injury/Illness Employee/Public-Near Miss Property Damage w/o Injury-Automobile
Equipment

Name of injured or involved person(s): _____ Date of Incident: ____/____/____

Location: _____ Employee Public

Description: _____

Time of Incident: _____ A.M. /P.M. (circle) Weather Conditions: _____ Equipment involved: _____

Estimated cost of damages: _____ Incident reported to: _____

Loss Time: Yes ___ No ___ Medical Attention/First Aid Given: _____

Job Title/Dept.: _____ Job Location: _____

Witnesses: Yes ___ No ___ If yes, provide the appropriate information below.
Attach witness statements/description of incident:

Name: _____ Address _____ Telephone: () _____

Name: _____ Address _____ Telephone: () _____

Comments/Corrective Action

Safety Coordinator/Committee's Review

Does the Safety Coordinator/ Committee agree with the corrective action to prevent a recurrence?
Yes ___ No ___ If not, why?

What recommendations would the committee suggest? _____

Was action taken in a timely manner? Yes ___ No ___

Do similar unsafe acts/conditions that led to this accident exist elsewhere? Yes ___ No ___ If yes, what is being done to prevent a recurrence?

FOLLOW UP NEEDED: _____

Date: _____ By whom: _____

Signatures:

Safety Coordinator

Date:

Dept. Head

Date: