

# Management incident investigation report

Organization name: \_\_\_\_\_

- Injury—first aid only     
  Injury—medical treatment     
  Property damage     
  Near miss/good catch

Injured employee: \_\_\_\_\_ Occupation: \_\_\_\_\_

Assigned department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_

Date incident was reported: \_\_\_\_\_ Witnesses: \_\_\_\_\_

Address and location of incident: \_\_\_\_\_

**SUMMARY:** Tell the story of the event. Use photos or sketches if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ANALYSIS:** Identify contributing factors for the incident. What was expected? What was unanticipated?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RECOMMENDATIONS:** Outline any possible corrective actions to address the factors identified above. What else is needed in order to prevent the recurrence of similar incidents?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ACTION TAKEN:** Close the loop by following through and following up on corrective actions or workplace improvements.

ACTION/CHANGE	ASSIGNED TO	DATE IMPLEMENTED	NOTES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Report completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Report reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please review and customize this sample document to reflect your organization's expectations. This is to be used as a supplement to and not in lieu of OSHA safety regulations and policies. Pinnacol Assurance assumes no responsibility for management or control of customer safety activities.*