

Accident / Exposure Investigation Report

Date and Time of Incident/Accident: _____

Location: _____

Incident/Accident Description: _____

Employees Involved: _____

Ultimate Cause of Incident/Exposure: _____

Preventive Action Recommendations: _____

Corrective Actions Taken: _____

Name of Person(s) Making Corrections: _____

Investigated By: _____ Date Completed: _____