

Unit # _____

INVESTIGATION REPORT FOR EMPLOYEE ACCIDENT / INCIDENT

(Completed in addition to the "First Report of Employee Injury")

- To be completed anytime an accident has occurred or when a potential incident has been sighted.

Manager on Duty: complete this form in the presence of a safety team member and the employee involved.

1. Employee Name: _____

2. Date of accident or incident: _____ / _____ / _____

3. Describe what employee was doing: _____

4. Could the management team have prevented this incident? Yes No

If yes, how: _____

5. Could the employee have prevented this incident by using proper procedures? Yes No

If yes, was employee aware of the proper procedure? Yes No

(If applicable, have employee review all safety films and material available to reiterate our commitment to safety in the work place – see below.*)

6. What has been done to ensure that this will not happen again: _____

MOD Signature

MOD Printed Name

Date

Safety Team Member Signature

Safety Team Member Printed Name

Date

Employee Signature

Employee Printed Name

Date

* Examples of when an employee should review safety training films and receive additional safety training would include: slips and falls, lifting injuries, or anytime the employee was negligent in working safely whether or not an accident took place.

Scan with "First Report of Employee Injury" to Safety@ADPhut.com and your DM

Call District Manager

Keep original on file in a separate "Investigation" file.