

## SAMPLE ACCIDENT INVESTIGATION FORMS

Church Name: \_\_\_\_\_

### Injured Party Information

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Employment Status

Full-time [ ]

Part-time [ ]

Non-Employee [ ]

### Action Taken

☐ None (Near Miss)   ☐ First Aid Administered   ☐ Medical Treatment Needed

Date of Incident: \_\_\_\_\_ Time of Injury: \_\_\_\_\_ ☐ AM ☐ PM

### WITNESSES

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Description of the Incident:

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### Corrective Actions and Contributing Factors:

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