

# ACCIDENT/INCIDENT INVESTIGATION REPORT

**In the event of a serious injury or illness, CALL 4-3333 IMMEDIATELY**

Any other injured or ill person should go to First Aid immediately.

*(For internal use only)*

**In the event of a serious injury, (one requiring paramedic transport, an ER visit, or a hospitalization) immediately notify WB Safety at (818) 954-2800 so they can notify OSHA within the required 8 hours.**

**Department:**

**Today's Date:**

**Worksite Location:**

**Name of Injured:**

**Gender: Male Female**

**Age:**

**Position/Title:**

**Date of Accident/Injury:**

**Time of Accident/Injury:**

**Name of Witness(es):** *(If any.)*

**Nature of Injury or Property Damage:**

**Accident/Incident Location:** *(Be specific.)*

**Describe the actual events of the incident:**

*(Facts only. Do not speculate or offer opinion..)*

**Signature of Supervisor:**