

Employee Incident Investigation Document

General Information

Employee Name

Employee ID

Department

Date of Incident

Location

Incident Description

Describe the incident (who, what, when, how):

Injury/Illness Details

Describe any injuries or illnesses:

Treatment Provided (if any):

Witnesses

Name(s) and contact information:

Immediate Action Taken

What immediate action was taken after the incident?

Investigation

Root Cause(s) of Incident:

Corrective/Preventive Actions Recommended:

Report Prepared By

Name

Position

Date