

Form A Accident Investigation and Report Form

Type of Incident (Check one): Near Miss___ First Aid ___ Medical Treatment___

Date of Incident:: _____

Time of Incident: _____

Notify OSHA at XXX-XXX-XXXX, if fatality or more than three employees hospitalized. If OSHA notified, indicate time called here: _____

Name(s) of Employee(s)
involved: _____

Description of
Incident: _____

Cause(s) of
Incident: _____

Recommendations: _____

Have recommendations been implemented at time of this report? (Y/N) _____

If Maintenance Work request issued, indicate Work Request #: _____

If Recommendation request issued, indicate RRS #: _____

Shift Leader Signature _____

Other Committee Members

Signatures: _____
