Superintendent's Report of Accident Investigation

Report Prepared By:_____ **Signature:** _____

Date of Accident: _____ **Time of Accident:** _____ **Date Reported:** _____

Job/Location:_____

Name of Injured: _____ **Occupation:**_____

Contractor/Employer:_____ **Workers Comp file #**_____

Injury Description: _____

OSHA Recordable ☐ **First Aid** ☐ **Lost Time** ☐ **Property Damage** ☐ **Incident/Near Miss** ☐

Synopsis:

Statement of Facts:

Conclusions: (Direct and Indirect Causes of the Incident)

Corrective Action(s) Taken: (To Prevent Future Occurrence) *- Identify Date that corrective actions were taken*