Environmental Health & Safety/ Risk Management Box 6909 Radford VA 24142 (540) 831-7790 (540) 831-7783 fax



## **ACCIDENT INVESTIGATION REPORT**

Date/Time of Accident:	Date of Rep	Date of Report:		
Name of Injured Person:	Full time	Temp	Part time	
Occupation:	Sex	_DOB	Age	
Department:	Supervisor:			
Address:	Location of	Location of accident:		
Length of employment:	Phone:			
Part of body injured:	Any others	injured?		
DESCRIPTION OF ACCIDENT				
CORRECTIVE ACTIONS				
WITNESSES				
Name	Address		Phone	