

**INCIDENT/ACCIDENT INVESTIGATION FORM**

**(PLEASE TYPE OR PRINT)**

1. "F K K U Q P " \_\_\_\_\_

2. ACCIDENT DATE \_\_\_\_\_ 3. REPORTING DATE \_\_\_\_\_

4. EMPLOYEE NAME (LAST, FIRST) \_\_\_\_\_

5. JOB TITLE \_\_\_\_\_

6. SUPERVISOR "P C O G" "N C U V." "H K T U V+" \_\_\_\_\_ aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa

90 "U W R G T X K U Q T" "V K / N G" aaa

7. DESCRIBE IN DETAIL HOW INCIDENT/ACCIDENT OCCURRED  
(USE ADDITIONAL SHEET IF NECESSARY)

"

8. COUNTY WHERE OCCURRED \_\_\_\_\_

9. COUNTY OF DOMICILE \_\_\_\_\_

10. WAS MEDICAL TREATMENT REQUIRED ?

11. EXACT LOCATION WHERE EVENT OCCURRED

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12. \_\_\_\_\_

13. NAME (S) OF WITNESSES "V K / N G U"

"

\_\_\_\_\_

16. NAME OF PERSON COMPLETING THIS SECTION OF REPORT

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17. SIGNATURE OF PERSON COMPLETING THIS SECTION OF REPORT

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18. DATE \_\_\_\_\_

**MANAGEMENT SECTION**

19. NAME OF PERSON COMPLETING THIS SECTION OF REPORT

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1: . POSITION/TITLE \_\_\_\_\_

1; . IS THE PERSON COMPLETING REPORT TRAINED IN ACCIDENT INVESTIGATION A

42. WAS EQUIPMENT INVOLVED" A

A. TYPE OF EQUIPMENT

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B. IS THERE A JOB SAFETY ANALYSIS (JSA) FOR EQUIPMENT A

C. DATE LAST JSA PERFORMED \_\_\_\_\_

23. HAVE SIMILAR ACCIDENT/INCIDENTS OCCURRED A

24. DID INCIDENT INVOLVE SAME INDIVIDUAL A

25. SAME LOCATION A

26. WAS THE SCENE VISITED DURING THE INVESTIGATION A

A. IF YES, DATE & TIME \_\_\_\_\_

B. ARE PICTURES AVAILABLE A

C. IF NO, REASON FOR NOT VISITING

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**ROOT CAUSE ANALYSIS**

*UNSAFE ACT (PRIMARY):*  *Failure to comply with policies/procedures;*  *Failure to use appropriate equipment/technique;*  *Inattentiveness;*  *Inadequate/lack of JSA/standards;*  
 *Incomplete or no policies/procedures;*  *Inadequate training on policies/procedures;*  
 *Inadequate adherence of policies/procedures;*  *Other (specify)*

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*Detailed explanation of checked box*

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**WHY WAS ACT COMMITTED:**

*UNSAFE CONDITION (PRIMARY):*  *Inappropriate equip/tool*  *Inadequate maintenance*  
 *Inadequate training*  *Wet surface*  *Worn/broken/defective building components*  
 *Broken equipment*  *Inadequate guard*  *Electrical hazard Fire Hazard*  
 *Other (specify)*

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*Detailed explanation of checked box*

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**WHY DID CONDITION EXIST:**

**CONTRIBUTORY FACTORS (IF ANY):**

**IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE:**

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*LONG RANGE ACTION TO BE TAKEN:*

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*WHAT ADDITIONAL ASSISTANCE IS NEEDED TO PREVENT RECURRENCE:*

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After completing this inspection form, please save it with a unique filename including incident date, employee name and division or bureau name (i.e.- 6-10-2016-SmithJ-General Services). Keep a completed copy of this form on file at the office nearest to the location where incident/accident occurred and send copies to your division safety coordinator and to:  
DepartmentSafetyCoordinator@FreshFromFlorida.com