NEW HAMPSHIRE
Local Government Center

New Hampshire Municipal Association
Property-Liability Trust
HealthTrust

ACCIDENT INVESTIGATION REPORT

Employer:_____
Employee: _____
Date / Time:_____
Location: _____
Witnesses: _____

Incident Description:

Part of Body Affected:

Mechanism of Injury:

ANALYSIS *(check one response per question)*

Was the necessary protective equipment is use?	☐ Yes	☐ No	☐ N/A
Were any unsafe conditions present?	☐ Yes	☐ No	☐ N/A
Was all safety equipment in place?	☐ Yes	☐ No	☐ N/A
Were all safety rules being followed?	☐ Yes	☐ No	☐ N/A
Was the equipment in good working condition?	☐ Yes	☐ No	☐ N/A
Was the employee performing an unsafe act?	☐ Yes	☐ No	☐ N/A
Is this the employee's normal job?	☐ Yes	☐ No	☐ N/A
Was the employee properly trained?	☐ Yes	☐ No	☐ N/A

Explanation of finding (based on ANALYSIS):_____

PREVENTION

Primary cause of the incident? _____
Contributing cause(s) of the incident? _____
What corrective action(s) have or will be taken? _____
Date corrective action should be completed:_____

IMPROVEMENT

Has a work order been generated to correct deficiencies? *(check one)* ☐ Yes ☐ No

If yes, complete the following:

Date Submitted:_____ Date Completed: _____
Name: _____ Date: _____