

## Attachment C Injury/Incident Investigation Report

<b>INJURED EMPLOYEE INFORMATION</b>
NAME:
PHONE/E-MAIL:
SITE/LOCATION:

DATE & TIME OF INJURY/INCIDENT	SITE/LOCATION
DATE REPORTED:	REPORTED TO:
<b>*DESCRIPTION OF INJURY/INCIDENT – What Happened?</b> (Be as specific as possible)	

### INVESTIGATION

NAME OF INVESTIGATOR	DATE OF INVESTIGATION
<b>FINDINGS:</b>	
<b>ROOT CAUSE(S)</b>	
<b>CORRECTIVE ACTION:</b>	