

ACCIDENT/INCIDENT REPORT

Section II: FINDINGS/RECOMMENDATIONS:

To be completed by the SUPERVISOR: (Attach separate page if necessary.)

Section III: To be completed by Health and Safety Committee / EHS Accident Investigator:

Corrective Actions Taken:

1. Immediate Corrections: _____

2. Long Term Corrections: _____

Investigated by _____
Title _____ Date _____
Department _____

Follow-up by _____
Title _____ Date _____
Department _____

ATTACHMENTS: