

 Hanover Risk Solutions

Sample Accident Investigation Form

Accident Information

Date of accident: _____ Date of report: _____

Where did the accident occur? _____

Time of accident: _____ a.m. p.m. On site Off site

Name(s) of injured: _____

Are these company employee(s)? Yes No Contractors? Yes No

Names of non-company individuals (if applicable): _____

Occupation of employee(s): _____

Witnesses to accident: _____

Description of any property damage: _____

Description of events: _____

Contributing Factors

Act(s) (describe): _____

Conditions (describe): _____

Root cause(s) of accident: _____

Corrective Actions to take

(Describe what actions need to be taken to prevent a reoccurrence)

CORRECTIVE ACTION	PERSON RESPONSIBLE	DATE COMPLETED

Report developed by: _____ Dept.: _____

Report reviewed by: _____ Date: _____

 To learn more about Hanover Risk Solutions, visit hanoverrisksolutions.com



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