

ACCIDENT/INCIDENT INVESTIGATION REPORT

Any injured person should visit First Aid immediately.
(For internal use only)

In the event of a serious injury, please *immediately* notify your Production Safety Consultant as soon as possible so that proper OSHA notification can be made. Failure to notify OSHA within 8 hours of a serious injury can result in significant fines to your Production.

Production Name:		To Be Completed By:	<i>Supervisor/Set Medical or Safety Dept.</i>	
Copies Sent To:	<i>Unit Production Manager</i>	<i>Production Safety Consultant</i>	To Be Stored By:	<i>Production Office Coordinator</i>
Production Location:		Today's Date:		
Special Instructions:	When: <i>As needed.</i>		Frequency: <i>Once for each accident or incident.</i>	
Name of injured: <i>(If applicable)</i>			Gender: Male Female	Age:
Date of Accident/Incident:	Time of Accident/Incident:			
Name of Witness(s) if any:				
Nature of Injury or Property Damage:				
Accident/Incident Location: <i>(Be specific)</i>				
Describe the actual events of the incident. <i>(Do not speculate or offer opinion.)</i>				

Signature of Supervisor: _____ **Date:** _____