

FORM 1 - ACCIDENT/INCIDENT  
INVESTIGATION REPORT

# FORM 1 - ACCIDENT/INCIDENT INVESTIGATION REPORT

Witness Account of Incident		
Witness Signature		Date
Manager/Instructor Account of Incident		
Manager/Instructor Signature		Date
Supervisor at Time of Accident:	<input type="checkbox"/> Directly Supervised	<input type="checkbox"/> Indirectly Supervised
	<input type="checkbox"/> Not Supervised	<input type="checkbox"/> Supervision Not Feasible
<b>C O R R E C T I V E   A C T I O N S</b>		
CASUAL FACTORS, EVENTS & CONDITIONS THAT CONTRIBUTED TO THE ACCIDENT:		
Corrective Actions: Those that have been or will be taken to prevent recurrence:		
Date Due:		
<b>UT HR or CHBO REVIEW</b>		
Approved by:	Title:	Date
		Case Number: