

FORM 1 - ACCIDENT/INCIDENT
INVESTIGATION REPORT

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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
C O R R E C T I V E A C T I O N S		
CASUAL FACTORS, EVENTS & CONDITIONS THAT CONTRIBUTED TO THE ACCIDENT:		
Corrective Actions: Those that have been or will be taken to prevent recurrence:		
Date Due:		
UT HR or CHBO REVIEW		
Approved by:	Title:	Date
		Case Number: