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Accident / Incident Investigation Report

Complete this form as soon as any notifiable incident occurs. This includes minor injuries or near misses that could have resulted in a serious injury or illness.

This is a report of a: Death Lost Time Dr. Visit Only First Aid Only Near Miss

Date of incident: ____/____/____

This report is made by: Employee Supervisor Team Final Report

1: Injured employee

Name: Sex: Male Female Age: _____

Department: _____ Job title at time of incident:

Nature of injury:
 Abrasion, scrapes Amputation

MORE TEXT IN FULL RESOURCE

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