



S&W READY MIX CONCRETE INCIDENT INVESTIGATION REPORT

Revised: 05/20/09

LOCATION:

PARTICULARS OF ACCIDENT

Accident Date: _____ Day of Week: _____ Time: _____ Reported to you: _____

THE INJURED PERSON

Name: _____ Address: _____
D.O.B.: _____ Ph. #: _____
Hire Date: _____ Length of hours worked on day of accident: _____ SSN: _____

TYPE OF INJURY: Bruise Dislocation Strain/Sprain Scratch/Abrasion
 Internal Fracture Amputation Foreign Body Laceration/cut
 Burn/Scald Chemical Reaction Other Specify: _____

Injured part of body _____

THE ACCIDENT

DESCRIPTION

Describe What Happened: _____

INVESTIGATION OF ACCIDENT

ANALYSIS

What were the causes of the accident: _____

PREVENTION

What action has or will be taken to prevent a recurrence?	By Whom?	When?

TREATMENT OF INJURED EMPLOYEE

Sent to doctor? no yes Doctor/Hospital _____

Accident investigated by: _____ Safety Department notified? YES / NO DATE 01/00/00

FOR SAFETY DEPARTMENT USE

DATE(S) LOST TIME BEGIN:	<input type="text"/>	AWW:	_____
DATE SENT W/C LETTER:	<input type="text"/>	COMP:	_____
RTW DATE(S):	<input type="text"/>		_____
CASE NOTES:	_____		

