

Incident/Near Miss Investigation Form

Date Notified	Date Investigated	Location Incident Occurred	Supervisor Over Area
Name of Person Involved		Name of Witness:	Supervisor Contact Information
Phone #		Phone #	Phone #
E-mail		Phone #	E-mail
Task and Activity at Time of Incident:			
Describe area, situation and equipment involved:			
Root Cause of Incident:			
Corrective Actions Suggested:			
Investigators Signature and Title			Manager Over Area
Print Name:			