



DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY
 Risk Management and Insurance Services
 1200 Carothers
 Tallahassee, Florida 32306-4481
 Phone: 850.644.6895 Fax: 850.644.8842 Web: www.safety.fsu.edu

ACCIDENT INVESTIGATION REPORT

Instructions

The supervisor must complete and submit this investigation form to the Department of Environmental Health & Safety within two (2) workdays following any work accident involving an employee. Please answer every question and conduct the investigation so recommendations can be made to prevent recurrence. Completed forms can be sent via FAX, campus mail, or delivered to the address listed above.

If you have any questions or concerns, feel free to contact our office for assistance.

Accident information

	<input type="checkbox"/> am <input type="checkbox"/> pm	
Date of accident	Time of accident	Location of accident
		Year(s) Month(s)
		Length of experience on job
Name of injured	Position title	
Name of witness	Name of witness	Name of witness

Describe the accident and how it occurred

Cause of the accident

Was personal protective equipment required? Yes No Was personal protective equipment provided? Yes No
 Was personal protective equipment used? Yes No If not used, explain: _____

Was safety training provided to the injured? Yes No If no, explain: _____

Interim actions taken to prevent recurrence: _____

Permanent actions taken to prevent recurrence: _____

Acknowledgement

The accident investigation conclusions have been reviewed and discussed based on the existing facts, and recommendations for corrective action have been implemented. To my knowledge, the information here is accurate and complete.

Employee signature	Date	Supervisor signature	Date
Dean/Director signature	Date		