



TOOELE COUNTY
SAFETY PROGRAM
INCIDENT INVESTIGATION FORM

Department: _____ Date of Incident: _____

Investigated By: _____

Name of Employee Involved: _____ Job Title: _____

Description of Incident: _____

Site Analysis if possible (draw map on back): _____

Sequence of Events: _____

What safety measure were in place? What safety equipment was used? _____

What is the root cause(s) of the incident? _____

Are there any previous or related incidents of this type? Yes No

What was done after the previous or related incident? _____

What are the corrective actions and when will they be in place to avoid a reoccurrence? _____

Other Comments: _____

Signed (person involved in incident): _____

Reviewed by (supervisor): _____