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| **Event:** |  |
| **Date and Time of Event:** |  |

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| **Name of Investigator:** |  |
| **Job Title:** |  |
| **Date of Investigation:** |  |

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| **Description of Incident, Near Miss, or Dangerous Occurrence****Include: Location, Witnesses, and Circumstances etc.****(Witness Statements to be Acquired as Necessary):** |
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| **Actual, or Possible Causal Factors:** |
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| **Recommended Corrective/Remedial Actions:** |
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| **To be Completed by the Investigator:** |
| **Name:** | **Signature:** | **Date Investigation Completed:** |
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