# Accident/Injury Investigation Report

1. Injured Employee
2. Age
3. Department

4. Date of Injury
5. Time
   - A.M.  
   - P.M.
6. Date Reported

7. Job Title
8. Experience (yrs/mos) in Position

9. Sex:  
   - M  
   - F
10. Length of Employment

11. Accident Type (i.e. Fall, Lifting, Caught In)

12. Source (Object Inflicting the Injury)

13. Part of the Body

**Description** (Describe what happened – who, what, where, when, why, how): 

**Cause** (What unsafe acts/conditions contributed to the injury): 

**Correction** (What steps have/should be taken for prevention?): 

<table>
<thead>
<tr>
<th>Supervisor Signature</th>
<th>Date</th>
<th>Employee Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Our safety evaluations, reports and recommendations are made solely to assist your organization in reducing hazards and the potential of hazards and accidents. These recommendations were developed from conditions observed and information provided at the time of our visit. They do not attempt to identify every possible loss potential, hazard or risk, nor do they guarantee that workplace accidents will be prevented. These safety evaluations, reports and recommendations are not a substitute for ongoing, well-researched internal safety and risk management programs. This report does not warrant that the property inspected and its operations are compliant with any law, rule or regulation.

UnitedHeartland is the marketing name for United Wisconsin Insurance Company, a member of AF Group. All policies are underwritten by a licensed insurer subsidiary of AF Group.