



<b>Agency of Accident:</b>	List any equipment or tools that contributed to the accident. Specifically identify equipment and serial number.

<b>Unsafe Acts:</b>	List any unsafe acts and be specific.

<b>Your Opinion:</b>	From your investigation, what is your opinion of the accident. <b>MUST BE COMPLETED</b>

<b>Corrective Action Taken:</b>	What should be done to prevent this from happening again? For example: ◆ Procedure modification ◆ Guard the hazard ◆ Protective Equipment ◆ Training

<b>Investigated By:</b> (Print)		<b>Date:</b>	
<b>Signature</b>			
<b>Safety Director Signature</b>			
<b>President / CEO Signature</b>			

**Copy To Human Resource Director**