



National Safety Council

ACCIDENT INVESTIGATION REPORT

CASE NUMBER

COMPANY ADDRESS

DEPARTMENT LOCATION (if different from mailing address)

Form with 21 numbered sections: 1. NAME of INJURED, 2. SOCIAL SECURITY NUMBER, 3. SEX, 4. AGE, 5. DATE of ACCIDENT, 6. HOME ADDRESS, 7. EMPLOYEE'S USUAL OCCUPATION, 8. OCCUPATION at TIME of ACCIDENT, 9. LENGTH of EMPLOYMENT, 10. TIME in OCCUP at TIME of ACCIDENT, 11. EMPLOYMENT CATEGORY, 12. CASE NUMBERS and NAMES of OTHERS INJURED in SAME ACCIDENT, 13. NATURE of INJURY and PART of BODY, 14. NAME and ADDRESS of PHYSICIAN, 15. NAME and ADDRESS of HOSPITAL, 16. TIME of INJURY, 17. SEVERITY of INJURY, 18. SPECIFIC LOCATION of ACCIDENT, 19. PHASE OF EMPLOYEE'S WORKDAY at TIME of INJURY, 20. DESCRIBE HOW the ACCIDENT OCCURRED, 21. ACCIDENT SEQUENCE.