

**State Office of Risk Management  
Incident/Accident Investigation Form 703**

<b>A. Employee Data</b>		Claim # (if known):	
Date of incident:	Time:	A.M	P.M.
Employee Name:			
Working Title:		Dept.	
Employee Contact #:	Hm.	Wk.	Other
Supervisor Contact:			Wk
<b>B. Incident Description</b>			
<p><i>Obtain written and/or recorded statements from injured employee. What happened? What caused the accident? What were the contributing factors? Reconstruct the sequence of events that led to the injury. Attach additional sheets if necessary. This document becomes a legal accounting of the facts surrounding the incident/accident. When documenting the facts, include answers to the following questions:</i></p>			
<ol style="list-style-type: none"> <li>1. Where did the incident happen? Provide a full description of the surroundings of the location.</li> <li>2. What was happening at the time of the incident? What were the events leading up to the incident?</li> <li>3. What exactly caused the physical injury? What were the mechanics involved? Or, if a physical injury was avoided, what could have happened to cause an injury?</li> <li>4. Describe any injury incurred by the employee, what body part/s and what kind/s of injury/ies. If there are no injuries, so state.</li> </ol>			
Employee Signature: _____			Date: _____

<b>C. Incident Findings</b>		
After review of all facts, what was the hazardous condition, unsafe work practice or other root cause of the incident/ injury?		
<b>D. Corrective Action</b>		
What is recommended to prevent this type of incident/accident from occurring again?		
Actions taken to ensure recommendations are considered:		
<b>Signature of Accident Investigator</b>	<b>Date</b>	<b>Time</b>

ATTACHMENTS