

Cleveland State University

Accident/Investigation Report

Name _____

- Employee
- Student
- Visitor

Department _____

Date/Time of Incident _____

Type of Injury/Illness _____

Body Parts Affected _____

Witnesses: Name/Phone _____

Specific Job being performed at time of accident/incident

Explain what exactly occurred (person's location, what he/she was doing, what occurrence resulted in accident/incident?)

What condition(s) existed, if any that may have resulted in the accident/incident?

Did Employee fail to perform an act that caused or contributed to the accident/incident? If yes, explain _____

What action(s) have been taken or will be taken in the future to prevent recurrence:

Person responsible for corrective action:

Proposed date of planned corrective action: _____

Supervisor's Name _____ **Date** _____

Signature _____

Department Head _____ **Date** _____

Signature _____

Director of Environmental Health and Safety _____ **Date** _____

January, 2007