

KARSON BUILDERS LTD.

Accident/Incident/Near Miss Investigation Report

Date: _____

Who was involved?	
What happened?	
When? Date:	Time:
Where?	
Reported to OSHA Branch Yes <input type="checkbox"/> No <input type="checkbox"/>	
What was the immediate cause ?	
What were the underlying causes ?	
What training, instruction, orientations, and cautions were given before the incident?	
How can similar incidents be prevented in the future?	
Recommendation(s) for further action:	
Recommendations Completed By Whom:	Date/Time:
Person in Charge:	
Reviewed By Sr. Management:	Date:
Comments/Recommendations:	

***The Safety information in this policy does not take precedence over applicable government legislation with which all employees should be familiar**

KARSON BUILDERS LTD.

Accident/Incident/Loss Witness Statement

Date: _____

Name: _____ Company: _____
Location: _____ Date: _____ Time: _____
Telephone: _____ Cellular: _____ Other: _____
Description of Accident/Incident/Loss: _____ _____

When completing this statement, be sure to include all events and factors that led to this accident/incident/loss. Include actions taken during and after. Please print clearly. Attach all **original** Witness Statements to the accident/incident/loss report. Use the back of this form for additional information.

Description _____ _____ _____ _____ _____ _____ _____ _____ _____

Signature: _____

Office Use Only		
File # _____	Date Received: _____	Job # _____
Received by: _____		

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