



**TOOELE CITY
SAFETY PROGRAM
INCIDENT INVESTIGATION FORM**

DEPARTMENT _____ DATE OF INCIDENT _____

INVESTIGATED BY _____

NAME OF INVOLVED EMPLOYEE _____ JOB TITLE _____

DESCRIPTION OF INCIDENT _____

SITE ANALYSIS IF POSSIBLE (draw map on back) _____

SEQUENCE OF EVENTS _____

SAFETY MEASURES IN PLACE? SAFETY MEASURES BEING USED AT TIME OF INCIDENT? _____

WHAT DO YOU FEEL WAS THE CAUSE OF THE INCIDENT? _____

ARE THERE ANY PREVIOUS OR RELATED INCIDENTS OF THIS TYPE? YES NO
WHAT WAS DONE AFTER THE PREVIOUS OR RELATED INCIDENT? _____

WHAT CAN BE DONE TO AVOID A REOCCURRANCE OF THIS INCIDENT? _____

OTHER COMMENTS _____

SIGNED _____

REVIEWED BY _____