

Appendix B

Van Buren County, AR ACCIDENT/INCIDENT INVESTIGATION FORM

Near Miss \_\_\_ First Aid Req. \_\_\_ Medical Req. \_\_\_ OSHA Recordable \_\_\_ FAXED to AAC \_\_\_  
\*\*\*\*\*

Employer: \_\_\_\_\_ Date of this Report: \_\_\_\_\_

Injured Employee: \_\_\_\_\_ Age: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Date of Injury/Incident: \_\_\_\_\_ Time: \_\_\_\_\_ AM: \_\_\_ PM: \_\_\_

Where Injury/Incident Happened: \_\_\_\_\_

Nature of Injury/Incident/Property Damage: \_\_\_\_\_

Object/Equipment that was involved (if applicable): \_\_\_\_\_

Describe what happened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness(es) Name and contact info: \_\_\_\_\_

Was the report to supervisor or First Aid delayed? \_\_\_ If so Why?: \_\_\_\_\_

Was Medical treatment provided? \_\_\_ By whom?: \_\_\_\_\_

Where was medical treatment administered:  
\_\_\_\_\_

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/Investigator: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)