

Appendix E

Van Buren County, AR ACCIDENT/INCIDENT INVESTIGATION REVIEW

Employer: _____ Date of this Report: _____

Injured Employee: _____ Age: _____

Department: _____ Job Title: _____

Date of Injury/Incident: _____ Time: _____ AM: ____ PM: ____

Further Investigation (if required): _____

Witness Statements taken at time of occurrence?: Yes ___ No ___ Reviewed?: Yes ___ No ___

What is the potential for lost time?: High/Major ___ Medium/Serious ___ Low/Minor ___

Probable Recurrence Rate: Frequent ___ Occasional ___ Rare ___

Estimated or actual indirect dollar cost of occurrence: _____ (See Appendix F)

Corrective Action: _____

(attach additional sheet as needed)

Estimated dollar cost of Corrective Action: _____ (Provide list of material, training, etc. as needed)

Department/Person(s) Responsible for Corrective Action Completion: _____

Occurrence Reviewed by: _____ Date: _____

Corrective Action Authorized: _____ Date: _____

Corrective action completed: _____ Date: _____

(signature)

Actual Dollar Cost of Occurrence: _____