

# Colorado State University-Pueblo

## ACCIDENT INVESTIGATION REPORT

<input type="checkbox"/> Injury - First Aid Only <input type="checkbox"/> Injury - Medical Treatment <input type="checkbox"/> Property Damage <input type="checkbox"/> Near Miss - Record Only		Name of Injured Person	Location
		Phone Number	
Date & Time of Incident	Date Incident Reported	Status (Student, employee, visitor)	Witnesses

**SUMMARY** – Describe the incident (photo and/or sketch may be necessary).

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**ANALYSIS** – Describe conditions that led to the incident (environmental conditions, tools/equipment used, task being performed).

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**RECOMMENDATIONS** – Describe any controls and/or corrective procedures that may prevent recurrence of similar incidents.

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**SYSTEM IMPROVEMENTS** – Describe measures taken to improve the system and prevent recurrence of similar incidents

(employee training, new equipment, changes in safety policies, changes in operating procedures, etc.).

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EH&S

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reporting Party

\_\_\_\_\_  
Date