

**EMPLOYEE ACCIDENT/INCIDENT INVESTIGATION REPORT  
HOUSTON COUNTY BOARD OF COMMISSIONERS**

Name and Title of Employee	Date and Time Incident Occurred
Assigned Department	Date and Time Incident Was Reported
Location Where Incident Occurred	
Supervisor of Injured Employee	
Names of Witnesses	Addresses & Telephone Numbers of Witnesses If Not Employees
Supervisor At Time of Injury (If Different From Above)	
Description of Incident (What Happened?)	Person Received Medical Attention YES or NO
Cause of Incident	
Type of Equipment or Tools the Person Was Using (If Applicable)	
Corrective Actions (Include Persons with Assigned Responsibilities and Completion Date For Each)	
Investigation Attendance (Names)	

Have you addressed the "Five W's " and "H" required for an accident investigation?  
(Who, What, When Where, Why and How)

Prepared By \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

Department \_\_\_\_\_