



FLORIDA STATE UNIVERSITY

OFFICE OF HUMAN RESOURCES

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ACCIDENT INVESTIGATION REPORT

Instructions

The supervisor must complete and submit this investigation form to the department of Equal Opportunity & Compliance within two (2) workdays following any work accident involving an employee. Please answer every question and conduct the investigation so recommendations can be made to prevent recurrence. Completed forms can be sent via Fax, campus mail, or delivered to the address listed above. If you have any questions or concerns, feel free to contact our office for assistance.

Accident Information

am pm

Date of accident	Time of accident	Location of accident	
Name of injured	Position title	Year(s)	Month(s)
Name of witness	Name of witness	Length of experience on job	
Name of witness	Name of witness	Name of witness	

Describe the accident and how it occurred

Cause of the accident

Was personal protective equipment required? Yes No Was personal protective equipment provided? Yes No

Was personal protective equipment used? Yes No

If not used, explain:

Was safety training provided to the injured? If Yes No
no, explain:

Interim actions taken to prevent recurrence:

Permanent actions taken to prevent recurrence:

Acknowledgement

The accident investigation conclusions have been reviewed and discussed based on the existing facts, and recommendations for corrective action have been implemented. To my knowledge, the information here is accurate and complete.

_____ Employee signature	_____ Date	_____ Supervisor signature	_____ Date
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_____ Dean/Director signature	_____ Date
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