

INCIDENT INVESTIGATION REPORT	
Project / Site Name:	
Location:	
Date & Time of Incident:	
Reported By:	
Designation:	
INCIDENT DETAILS	
Type of Incident (Accident / Near Miss / Property Damage):	
Description of Incident:	
INJURY / DAMAGE DETAILS	
Injured Person Name:	
Nature of Injury / Damage:	
Medical Treatment Given:	
ROOT CAUSE ANALYSIS	
Immediate Cause:	
Underlying Cause:	
Root Cause:	
CORRECTIVE & PREVENTIVE ACTIONS	
Action Required:	
Responsible Person:	
Target Date:	
WITNESS STATEMENT	
Witness Name:	
Statement:	
ATTACHMENTS	
Photos / Sketches / Evidence:	
APPROVAL	
Prepared By (HSE):	
Reviewed By (Manager):	
Approved By (Client):	