

5. INCIDENT DESCRIPTION:

What was the employee doing just before the incident occurred? _____

What object or substance directly harmed the employee? _____

Nature of injury: _____ Body part injured: _____

Fatality? Yes No Fatality date: _____

If death occurred, give name, age, relationship and address of known dependent: Dependent's age: _____

Name of dependent: _____ Relationship: _____
(First) (Middle) (Last)

Dependent home address: _____ Dependent phone #: _____
(No. & Street) (City or Town) (State & Zip)

Name of witness: _____ Witness phone #: _____
(First) (Middle) (Last)

Witness home address: _____
(No. & Street) (City or Town) (State & Zip)

6. CONTRACTOR – SUPERVISOR'S INVESTIGATION:

What were contributing causes of the accident? _____

What has been done to prevent recurrence? _____

When will the corrective action be completed? _____

Name: _____ **Title:** _____ **Date:** _____
(Supervisor or Foreman)

7. CINTAS ENGINEERING REVIEW: (Must be completed prior to submitting to Cintas Safety)

Do you agree with the results of this investigation? Yes No

If No, please explain: _____

What should be done to prevent recurrence? _____

What will you do to prevent recurrence? _____

When will corrective action be completed? _____

Name: _____ **Title:** _____ **Date Submitted:** _____

8. CINTAS SAFETY REVIEW:

Do you agree with the results of this investigation? Yes No If No, is a Root Cause Investigation required? Yes No

If not complete, date when investigation will be completed? _____

Investigation Facilitator: _____ **Title:** _____

Name: _____ **Title:** _____ **Date:** _____