



M.S.I. Claim #: _____

Non Recordable Injury

INJURED EMPLOYEE INFORMATION

NAME: _____

ADDRESS: _____

D.O.B.: _____

PHONE #: _____

SEX: M _____ F _____

OCCUPATION: _____

CLASSIFICATION: _____

EXPERIENCE IN THIS FIELD OF WORK: _____

SAFETY TRAINING FOR THIS TYPE OF WORK: _____

EMPLOYER INFORMATION

COMPANY/ORGANIZATION: _____

SUPERVISOR OR CONTACT: _____

ADDRESS: _____

PHONE #: _____

Safety Officer Signature: _____

Date (M/D/Y): _____



ACCIDENT INFORMATION

LOCATION OF ACCIDENT: _____

DATE AND TIME OF ACCIDENT: _____ TIME: _____
 Y **M** **D**

DATE AND TIME REPORTED: _____ TIME: _____
 Y **M** **D**

DURING REGULAR DUTIES: _____ YES _____ NO

FIRST AID: _____ YES _____ NO

FIRST AID ATTENDANT: _____

WITNESS (ES): _____

SUPERVISOR (S): _____

DIRECT CAUSE OF INJURY: _____

NATURE AND EXTENT OF INJURY (specify area(s) of body injured):

PROPERTY/MATERIAL DAMAGES (Damages to Vehicles, Structures, Tools, Equipment, Etc):

ESTIMATED COST OF DAMAGES IF POSSIBLE:



INVESTIGATION OF ACCIDENT

SEQUENCE OF EVENTS LEADING TO ACCIDENT (identify equipment, tools, & materials that may have contributed to the accident):

CAUSES OF ACCIDENT

A) MECHANICAL, PHYSICAL, AND/OR ENVIRONMENTAL CONDITIONS:

B) HUMAN FACTORS (Unsafe act):

PREVENTATIVE ACTION

FUTURE RECOMMENDATIONS:

DATE OF IMPLEMENTATION :

Y/Y M/M D/D

COMMENTS:
