



TOOELE COUNTY  
SAFETY PROGRAM  
INCIDENT INVESTIGATION FORM

Department: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Investigated By: \_\_\_\_\_

Name of Employee Involved: \_\_\_\_\_ Job Title: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Site Analysis if possible (draw map on back): \_\_\_\_\_

\_\_\_\_\_

Sequence of Events: \_\_\_\_\_

\_\_\_\_\_

What safety measure were in place? What safety equipment was used? \_\_\_\_\_

\_\_\_\_\_

What is the root cause(s) of the incident? \_\_\_\_\_

\_\_\_\_\_

Are there any previous or related incidents of this type?  Yes  No

What was done after the previous or related incident? \_\_\_\_\_

\_\_\_\_\_

What are the corrective actions and when will they be in place to avoid a reoccurrence? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Comments: \_\_\_\_\_

Signed (person involved in incident): \_\_\_\_\_

Reviewed by (supervisor): \_\_\_\_\_