

---

Department:

Date of Loss:

Time of Loss:

Injury

Near-Miss Incident

Property Damage

Fire

---

**Employee's Injury or Illness**

Name of Injured:

Job Title:

Years on Job:

Part of Body Injured or Nature of Illness:

Source of Injury or Illness:

---

**Property Damage**

Nature of Damage:

Source of Damage:

Estimated Cost:

Actual Cost:

Describe Clearly How Loss Occurred:

Witnesses:

Analysis- Acts or Conditions Contributing to Loss:

Corrective Action- Describe Actions Taken:

Investigation by:

Date:

Reviewed by:

Date: