



Employer Investigation Report

The *Employer Investigation Report* must be completed and returned to IMWCA as soon as possible after the incident.

Employee name: _____

Department/occupation: _____

Date/time of injury: _____

Location of incident: _____

How did the incident occur?

Was first aid given? YES NO

If yes, by whom? _____

Was the employee sent to a medical facility? YES NO

If yes, give the name and address:

Did the incident occur because of an unsafe act or unsafe condition of equipment? YES NO

If yes, explain:

Was there corrective action taken to prevent accident from happening again? YES NO

If yes, explain:

List names and occupations of witnesses:

Name: _____	Occupation: _____
Name: _____	Occupation: _____
Name: _____	Occupation: _____
Name: _____	Occupation: _____
Name: _____	Occupation: _____

Supervisor's Signature

(date signed)