Accident Investigation Report

To be completed by the injured employee's supervisor

A copy of the First Report of Injury form (FROI) must be attached to this report.

Incident

Have other employees had injuries, accidents, or near misses at or near this job site? If so, when, where and how are they related to this accident?

Cause

What was the cause of the accident?

If an unsafe act(s) was the cause of this accident, why was the unsafe act committed?

If an unsafe condition(s) was the cause of this accident, why did the unsafe condition exist?

Prevention

What could have been done to prevent this accident?

What can be done to prevent future similar accidents?

What corrective action was taken? Date __/__/__

What corrective action is proposed?

Who is responsible for the corrective action?

What is the completion target date? Date __/__/__

Signature

Supervisor _____ Date __/__/__

Additional comments/ notes:

Submit this form within 48 hours of the accident to:

Risk Manager, MCPS
215 South 6th West
Missoula, MT 59801
Or, fax the form to: 542-4009
Or, email the form to: swreed@mcps.k12.mt.us