

Catholic Mutual... "CARES"

ACCIDENT INVESTIGATION REPORT

Our Lady of Lourdes
508 Breckenridge Lane, Louisville, KY 40207
(502) 896-0241

I. Identification of the Accident:

Name or Injured: _____ Date of Accident: _____

Time of Accident: _____ Location of Accident: _____

II. Nature of Injury:

Exact part of body affected and type of injury: _____

Description of HOLY and WHY accident occurred:

James of witnesses: _____

III. Accident Prevention Information:

Equipment, tool, or item causing injury: _____

Was accident caused by failure to use our observe safety practices, policies, or regulations? _____

IV. Corrective Action:

What corrective action can be done to prevent a recurrence of this accident?

Comments/Recommendations (by Safety Committee, Safety Director, or Supervisor):

Person(s) responsible for corrective action: _____

Safety Director/Manager Review: _____

Signed

Date