

REPUBLIC DIESEL, INC.

ACCIDENT/NEAR-MISS INVESTIGATION REPORT

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

Circle One:      ACCIDENT                  NEAR MISS

Name of Injured / Nearly Injured Employee: \_\_\_\_\_

Job Title: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Description of What Happened (Attach Photos or Diagrams as Appropriate): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nature of Injury or Illness: \_\_\_\_\_

Part of Body Injured: \_\_\_\_\_

Accident Type:

Hazardous Condition: \_\_\_\_\_

Unsafe Act: \_\_\_\_\_

Other Employees Involved, If Any: \_\_\_\_\_

Preventive Action Recommended: \_\_\_\_\_

\_\_\_\_\_

Corrective Actions Taken: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Responsible: \_\_\_\_\_

Copies to: Safety Committee, Branch Manager, Director of Safety