Accident/Injury Investigation Report

General Information

Employee Name: _____ Date of Incident: _____

Reported To: _____ Time: _____ Location: _____

Equipment Type: _____ Equipment #: _____

Check all that apply:

☐ With Injury ☐ Without Injury ☐ Hazard/Unsafe ☐ Photo ☐ Video

Was there any damage? ☐ Yes ☐ No

If yes, explain: _____

Any accident that is deemed mechanical failure must be inspected by a trained technician before it is returned to operation

Was the equipment locked out? ☐ Yes ☐ No

Was the equipment inspected by the manufacturer? ☐ Yes ☐ No

Did the employee leave the scene? ☐ Yes ☐ No

If yes, explain: _____

Accident/Incident Description

Medical attention needed? ☐ Yes ☐ No If yes, was triage called? ☐ Yes ☐ No

Was a body part injured? ☐ Yes ☐ No If yes, please specify: _____

Describe the cause of accident/incident or hazardous condition:

_____

Contributing factors: _____

Describe what the employee was doing at the time of accident/incident:

_____

Discuss with employees involved:

What action has or will be taken to prevent recurrence?

List name(s) of employee(s) involved:

Name (print) _____ Signature: _____ Date: _____

Name (print) _____ Signature: _____ Date: _____

Investigated by:

Name (print) _____ Signature: _____ Date: _____

Employee Injuries:

1. Call the injury line at **855-872-6658**
2. Follow the prompts to report an injury and speak to a nurse
3. Find your **location code** from the following list and provide the code to the nurse when asked:
    - TRH001- SB
    - TRH002- SB-ANNEX
    - TRH003- DE
    - TRH004- NV
    - TRH005- LA
    - TRH006- MIDWAY, GA
    - TRH007- CT
    - TRH008- CO
    - TRH009- MN
    - TRH010- ATL
    - TRH011- WA
    - TRH012- CA
    - TRH013- FL

Please email ALL completed signed documents to humanresources@tirerack.com.