



Please fax completed & form to 614-275-4834

Email to: info@tunnelit.net

Accident or Near Miss Accident Report and Investigation Form

Name of person(s) completing this form

Date & Time of Incident

Today's date

Date Reported

Location of incident - Project Name and number

Please describe what is alleged to have occurred

Please describe any condition or activity that may have contributed to the alleged accident or near miss:

What corrective action steps have been take to reduce the potential for similar accident/incident in the future?

Please list the steps taken and who took the action. If steps are still pending, please list steps and follow-up on all steps to completion

The accident investigation should remain in open status until all corrective action steps are completed

Name of person completing this form

Review by Safety Officer

Name

Date: