

Incident Investigation Report

The purpose of this report is to help prevent similar incidents from recurring. Make this report as accurate and thorough as possible. Remember, always follow-up with the appropriate corrective action(s).

Incident: Near Miss Minor Injury Minor Illness Major Injury Major Illness

Incident Date: _____ Time: _____ AM/PM

Injured Employee: _____

Occupation: _____ Months on this job: _____

Incident Description

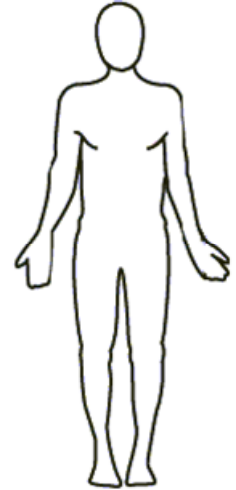
Where did the incident occur?

Witness(es)

How did the incident occur? (What was the employee doing when injured?)

Describe the injury(s) or damage

What unsafe act(s) or condition(s) contributed to the incident?



Circle Affected Body Part

Corrective Actions

What do you recommend be done (or have you done) to prevent this type of incident from recurring?

What corrective action(s) has (have) been taken?

Date: _____

If you suspect that this claim is fraudulent, call Zenith's Fraud Hotline: 1-866-296-4748

Investigation conducted by: _____

Date: _____

Report reviewed by: _____

Date: _____

This investigation is being conducted pursuant to the advice of counsel in anticipation of potential litigation. All information and recommendations are confidential.

Zenith Insurance Company (Zenith) assists employers in evaluating workplace safety exposures. Surveys and related services may not reveal every hazard, exposure and/or violation of safety practices. Inspections by Zenith do not result in any warranty that the workplace, operations, machinery, appliances or equipment are safe or in compliance with applicable regulations. Any recommendations and related services are not and should not be construed as legal advice or be used as a substitute for legal advice. Employee protection is ultimately the responsibility of the employer. Policy coverage is not contingent upon the provision, efficacy or sufficiency of these services.