Accident/Incident/ Near Miss Investigation Form

Clemson University Facilities

Name (Last, First, Initial)		Incident Date	Date Reported	Department Code
Incident Location		L		Incident Time
Job Title	Supervisor			1
CLASSIFICATION: (check all that apply) 1. Near Miss 2. Injury - First Aid 3. Injury - Medical	4. Property L	Loss 5. Fire	6. Contractor	7. OTHER
DESCRIBE EVENT: (include injury/property loss/environmenta	I impact)			
WHY DID IT HAPPEN? (Primary cause & contributing cause(s))				
INVESTIGATION TEAM MEMBERS:				INVESTIGATION START DATE:
CORRECTIVE ACTION(S) TO PREVENT RECURRENCE:			RESPON	ISIBILITY
EMPLOYEE:		DAT	E:	
FACILITIES MANAGER:		DAT	E:	