

Municipality of Norristown Accident Investigation Form
(complete within 24 hours of accident)

Date of Injury: _____ Date Accident Investigation Completed: _____

Supervisor Completing this Accident Investigation: _____
(must be DIRECT supervisor)

List employee(s) hurt in accident: _____

When did accident occur (date and
time): _____

Location of Accident: _____

Describe in detail, the accident: _____

Describe factors which contributed to the accident: _____

What risk-control measures will be implemented as a result?: _____

Additional Comments: _____
