

[organization name]

## Appendix 1 – Investigation Report

I. Identification of incident	
Date and time of incident	
II. Identification of injured	
Name	Medical care
Description of injuries	*
III. Cause of incident	
*	
IV. Corrective actions taken	
*	
Verified by:	
Date:	Date:
V. Signature of investigator	

**Commented [134851]:** Were there any previous incidents?

**Commented [134852]:** Write in here whether medical care was needed or not.

**Commented [134853]:** E.g., type of injury, injured body part, source of injury, etc.

**Commented [134854]:** Describe here the order of events that led to the incident.

**Commented [134855]:** Write in here the root cause of the incident.

**Commented [134856]:** Write in here what corrective actions were taken in order to remove the cause of the incident.