

[organization name]

## Appendix 1 – Incident Investigation Report

I Basic information on incident			
[organization name]			
[organization name]			
[organization name]			
Name	[organization name]	[organization name]	[organization name]
Name	Work place		
	*		
	*		
	*		
		Verified by:	
Date:		Date:	

**Commented [45A1]:** Write in here the number of employee's previous injuries.

**Commented [45A2]:** Write in here whether medical care was needed or not.

**Commented [45A3]:** E.g., type of injury, injured body part, source of injury, etc.

**Commented [45A4]:** [organization name] to injury.

**Commented [45A5]:** [organization name] incident.

**Commented [45A6]:** [organization name]

[job title]

[name]

\_\_\_\_\_

[signature]

**Commented [45A7]:** The signature is needed only if the document is in paper form.