

Monroe County Florida

Accident/Incident Investigation Report Send Immediately to Your Department Head				Date Received Risk Mgt. <u> </u> / <u> </u> / <u> </u> Safety <u> </u> / <u> </u> / <u> </u>
1. Name		2. Department		
3. Date	/ / / Time: AM PM	4. Location		
	M D Y	5. Job Title		
6. Location of Accident				
Street Address:			City/Key	
7. Activity or task being done at time of accident				
8. Witness (include address and Phone)				
1. Name:			Phone:	
Street & #:			City:	
2. Name:			Phone:	
Street & #:			City:	
9. Describe Accident:				
Was the injury: <input type="checkbox"/> Very Minor <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Serious <input type="checkbox"/> County Vehicle/Unit ID#				

Employee	10. Employee's report on how & why accident occurred:		
	11. What do you recommend be done to prevent accident		
	Employee Signature:	Date:	

Supervisor	12. Supervisor report of how & why accident/incident occurred (include unsafe act, cause & root cause)		
	Continue on back ☞		
	13. What will be done to prevent reoccurrence? (remove, repair, barricade, retrain, etc.)		
	Supervisor Signature:	Print Name:	Phone: Date

Department Director	14. Dept. Dir. Comments & Recommendations:		
	Dept. Dir. Signature: or: Sheriff Office Commander	Print Name:	Phone: Date:

Division Director	15. Div. Dir. Comments & Recommendations:		
	Div. Dir. Signature or: Sheriff Office Safety Rep.	Print Name	Phone: Date:

Safety Administrator	16. Safety Administrator Recommendations:		
	Safety Administrator:	Priscilla London	292-4456
	Signature		

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