

Incident Investigation



Injured Employee:		Date of Report:	
Job Title:	Location:	Age:	Length of Employment:
Date of Incident:		Time of Incident	
Describe what the employee was doing; what tools, equipment, structures, or fixtures were involved; and which witnesses saw it (if witness present, complete witness form):			
Extent of Injuries:			
Was first aid given immediately? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:			
Explain what caused the incident to occur:			
What should be done to prevent recurrence of this incident in the future?			
Additional Comments:			
Supervisor's Signature:		Date:	

Hanover- (All States Except for WA)
Phone: 800-628-0250
Fax: 800-762-7788
Email: WCNewLosses@Hanover.com

Human Resources
HR@wellhaven.com