



THERMA ACCIDENT/EXPOSURE INVESTIGATION REPORT

Job Site:		Date:	
Investigation Team:		Job Number:	
Employee Name:		Employee ID #:	
Sex:		Job Description:	
Department:		Time of Work (Start):	
Project Manager:		Foreman:	
General Foreman:		Journeymen/Leadsman:	
Accident Date:		Time of Accident:	
Date Reported to Supervisor:		Time Reported:	
Date of Investigation:		Time of Investigation:	
Nature of Incident:			
Type of Injury:			
Referred to Medical Facility/Doctor:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Medical Facility/Doctor:
Did Employee Return to Work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date/Time:
Injured Employee Interview/Statement:			
Witnesses Interviews/Statements (Explain):			
Photograph(s) of Site: (attach)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diagram(s) of Site: (attach)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Equipment Records Reviewed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Attached
Accident/Exposure Incident Description:			
Root Cause:			
Corrective Action Plan and Responsibility:			
PPE's Used/Needed:			

Please use back side for any additional information.

[illegible]