



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"/>
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)	Diagram(s) of Site: (attach)
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.

