

Property Damage Analysis

Date Entered
Report #
Location:

1. Employee Information

Name:			Male		Female	
Date of Hire	Address:					
Job Title:	Employee ID			Seasonal		Full Time

2. Incident Information

Date/Time of Incident: / / : AM / PM	Time Employee Began Work: : AM / PM	
Date/Time Reported : / / : AM / PM	Cost of Damage: \$	On Purpose? Y / N
Location of Incident	Extent of Damage	
Machinery Involved: Y / N	If Yes, What:	
Chemicals Involved: Y / N	If Yes, What:	
Was Anyone Injured: Y / N	Extent of Injuries:	MIR #
If injuries required offsite treatment, name and address of hospital/clinic:		
What happened?		

3. Contributing Cause(s) What problems might have contributed to the incident happening?

4. Root Cause(s) What was the main problem(s) that caused the incident?

5. Signatures

Investigator:	Print Name	Signature	Date
Department Manager	Print Name	Signature	Date