

SOLID WASTE INCIDENT INVESTIGATION FORM

Employee Name:

Employee ID:

Vehicle:

Date:

Time:

Location:

INCIDENT INFORMATION

Citation

Substance Test Given

Explanation of accident/injury (including safeguards not in use, unsafe acts/conditions):

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PREVENTABILITY RATING

Investigator Name:

Investigator Rating:

What steps will be/have been carried out to prevent this from happening again?

1. Investigator Date

4. Deputy Solid Waste Director Date

2. SW Operations Administrator Date

5. Solid Waste Director Date

3. Safety & Training Coordinator Date

6. Employee Date



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