# SOLID WASTE INCIDENT INVESTIGATION FORM

**Employee Name:**

**Employee ID:**

**Vehicle:**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
<th>Location:</th>
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## INCIDENT INFORMATION

| Citation | | Substance Test Given |
|----------|-----------------------|

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

## PREVENTABILITY RATING

**Investigator Name:**

**Investigator Rating:**

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

1. Investigator 
2. SW Operations Administrator 
3. Safety & Training Coordinator 
4. Deputy Solid Waste Director 
5. Solid Waste Director 
6. Employee 

City of Mesa | Confidential