



MANAGEMENT INCIDENT INVESTIGATION REPORT

The purpose of this report is to help prevent similar incidents from recurring. Make this report as accurate and thorough as possible. Remember, always follow-up with the appropriate corrective action(s).

Incident: [] Near Miss [] Minor Injury [] Minor Illness [] Major Injury [] Major Illness

Incident Date: _____ Time: _____ AM/PM

Injured Employee: _____ Age: _____

Occupation: _____ Months on this job: _____

Where did the incident occur? _____

Witness(es) _____

How did the incident occur? (What was the employee doing when injured?) _____

Describe the injury(s) or damage. _____

What unsafe act(s) contributed to the incident? _____

What unsafe condition(s) contributed to the incident? _____

What do you recommend be done (or have you done) to prevent this type of incident from recurring?

If you suspect that this claim is fraudulent, call Zenith's Fraud Hotline: 1-866-296-4748

Investigation conducted by: _____ Date: _____

Report reviewed by: _____ Date: _____

Corrective action(s) taken and date: _____

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