



Please fax completed and signed form to 614-444-4094 or email form to info@capitol tunneling.com

Accident or Near Miss Accident Report and Investigation Form

Name of person(s) completing this form		
Date & Time of Incident	Today's date	Date Reported
Location of incident - Project Name and number		
Please describe what is alleged to have occurred		
Please describe any condition or activity that may have contributed to the alleged accident or near miss:		
What corrective action steps have been take to reduce the potential for similar accident/incident in the future?		
Please list the steps taken and who took the action. If steps are still pending, please list steps and follow-up on all steps to completion		
The accident investigation should remain in open status until all corrective action steps are completed		
Name of person completing this form	Review by Safety Officer	
	Name	
	Date:	