

INVESTIGATION / CORRECTIVE ACTION REPORT



Date and Time of Incident / Exposure		Location	
EMPLOYEES INVOLVED			
DETAILED INCIDENT / EXPOSURE DESCRIPTION			
ULTIMATE CAUSE OF INCIDENT/EXPOSURE (I.E. "WHO, WHAT, WHEN, WHERE, HOW" AND THE "5 WAYS" ... THE ROOT CAUSE)			
OPTIONS FOR ELIMINATION OR CONTROL OF THE ROOT CAUSE(S)			
CORRECTIVE ACTIONS TAKEN / DATE / NAME OF PERSON(S) MAKING CORRECTIONS			

Witnesses: _____

Investigated by: _____ Date: _____