

# J. O. DeLotto & Sons, Inc.

## ACCIDENT/LOSS INVESTIGATION REPORT

<b>NAME</b>	<b>DEPARTMENT/BUILDING/VEHICLE</b>		
<b>EXACT LOCATION OF ACCIDENT</b>	<b>DATE OF OCCURRENCE</b>	<b>TIME</b>	<b>DATE REPORTED</b>

PERSONAL INJURY		PROPERTY DAMAGE	
INJURED'S NAME		PROPERTY DAMAGED	
OCCUPATION	INJURED PART OF BODY	ESTIMATED COSTS	ACTUAL COSTS
NATURE OF INJURY		NATURE OF DAMAGE	
OBJECT/EQUIPMENT/SUBSTANCE INFLECTING INJURY		OBJECT/EQUIPMENT/SUBSTANCE INFLECTING DAMAGE	
PERSON WITH MOST CONTROL OF OBJECT/ EQUIPMENT/SUBSTANCE		PERSON WITH MOST CONTROL OF OBJECT/EQUIPMENT/SUBSTANCE	

<b>D E S C R I P T I O N</b>	<b>DESCRIBE CLEARLY HOW THE ACCIDENT OCCURRED:</b>

<b>A N A L Y S I S</b>	<b>WHAT ACTS, FAILURES TO ACT AND OR CONDITIONS CONTRIBUTED MOST DIRECTLY TO THIS ACCIDENT:</b>
<b>WHAT ARE THE REAL OR BASIC REASONS FOR THE EXISTENCE OF THESE ACTS AND/OR CONDITIONS?</b>	
<b>LOSS SEVERITY POTENTIAL</b> <input type="checkbox"/> Major <input type="checkbox"/> Serious <input type="checkbox"/> Minor	<b>PROBABLE RECURRENCE RATE</b> <input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Rare

<b>P R E V E N T I O N</b>	<b>WHAT ACTION HAS OR WILL BE TAKEN TO PREVENT RECURRENCE: PLACE X BY ITEMS COMPLETED.</b>

<b>INVESTIGATED BY</b>	<b>DATE</b>	<b>REVIEWED BY</b>	<b>DATE</b>