

# INVESTIGATION / CORRECTIVE ACTION REPORT



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

Witnesses: \_\_\_\_\_

Investigated by: \_\_\_\_\_ Date: \_\_\_\_\_