



**NYE COUNTY INCIDENT/ACCIDENT INVESTIGATION/FACT FINDING  
FORM**

**Employee name:** \_\_\_\_\_ **Contact Number** \_\_\_\_\_

**Supervisor name:** \_\_\_\_\_ **Contact Number** \_\_\_\_\_

**Department & Position:** \_\_\_\_\_

**Date and Time of Accident:** \_\_\_\_\_

**Location of Accident:** \_\_\_\_\_

**Type of Treatment Administered:** \_\_\_\_\_

**Incident/Accident Description: (What happened? *Please be as descriptive as possible*)**

(Please use additional sheets as needed)

**Tools, Personal Protective Equipment (PPE) or Machinery involved or used:**

**Weather or other conditions that contributed to this incident:**

**Is there anything you can suggest or think of that might have prevented this from happening to you or might prevent it from happening to someone else in the future?**

**IE: Access to tools/equipment, changes in department policies & procedures, availability to PPE, more training etc.? Any thoughts would be appreciated.**

(Please use additional sheets as needed)

**Thank you, Risk Management**