ACCIDENT INVESTIGATION REPORT

(Turn in to Production Office Coordinator)

EMAIL OR FAX **(818) 954-2805** TO PRODUCTION SAFETY REPRESENTATIVE WITHIN 24 HOURS OF ACCIDENT

PRODUCTION TITLE:_____ DATE:_____

INJURED'S NAME:_____ CAST ☐ CREW ☐ OTHER ☐

DATE OF ACCIDENT:_____ TIME OF ACCIDENT:_____ am ☐ pm ☐

LOCATION OF ACCIDENT:_____

Type of Injury/Illness

(Check all that apply)

☐ **Fracture**	☐ **Amputation**	☐ **Head Injury**	☐ **1st Degree Burn**	☐ **Foreign Body in Eye**	☐ **Bite/Sting**
☐ **Strain**	☐ **Laceration**	☐ **Neck Injury**	☐ **2nd Degree Burn**	☐ **Contact Dermatitis**	☐ **Splinter**
☐ **Sprain**	☐ **Avulsion**	☐ **Back Injury**	☐ **3rd Degree Burn**	☐ **Allergic Reaction**	☐ **Nausea**
☐ **Dislocation**	☐ **Abrasion**	☐ **Abdomen Injury**	☐ **Tooth Injury**	☐ **Rash**	☐ **Illness***
☐ **Contusion**	☐ **Puncture**	☐ **Crushing Injury**	☐ **Hearing Loss**	☐ **Infection**	☐ **Other***

* Describe Illness or Other:_____

Injured Part of Body

(Check all that apply)

	☐ **Head**	☐ **Chest**	☐ **Shoulder**	☐ **Wrist**	☐ **Upper Leg**	☐ **Foot**	☐ **Eye**	☐ **Mouth**
☐ **Right**	☐ **Neck**	☐ **Ribs**	☐ **Upper Arm**	☐ **Back of Hand**	☐ **Knee**	☐ **Toe**	☐ **Nose**	☐ **Tooth**
☐ **Left**	☐ **Back**	☐ **Abdomen**	☐ **Elbow**	☐ **Palm of Hand**	☐ **Lower Leg**	☐ **Forehead**	☐ **Cheek**	☐ **Throat**
	☐ **Buttocks**	☐ **Pelvis Area**	☐ **Lower Arm**	☐ **Finger** (Digit_____)	☐ **Ankle**	☐ **Ear**	☐ **Chin**	☐ **Other***

* Describe Other:_____

Explain Cause of Accident and Nature of Injury: (DO NOT SPECULATE)

_____

_____

_____

Corrective Action Taken to Prevent Recurrence: _____

_____

_____

Witnesses, If Any: _____

Form Completed By (Print): _____ **Title:** _____

Signature: _____ **Date:** _____

(Form 9) Accident Investigation Report