

CTVA ACCIDENT INVESTIGATION REPORT

EMAIL Production Coordinator IMMEDIATELY

PRODUCTION TITLE: _____

TODAY'S DATE: _____

INJURED'S NAME: _____

CAST/CREW/OTHER: _____

DATE OF INJURY: _____

TIME OF INJURY: _____

ADDRESS OF INJURY: _____

TYPE OF INJURY/ILLNESS

(CHECK ALL THAT APPLY)

HEAD INJURY

BACK INJURY

BITE/STING

NECK INJURY

LACERATION

RASH

ILLNESS

BURN

OTHER*

DESCRIBE ILLNESS/ OTHER*: _____

INJURED PART OF THE BODY

(CHECK ALL THAT APPLY)

HEAD

CHEST

SHOULDER

WRIST

NECK

RIB

BACK

CHIN

ELBOW

PELVIS

ANKLE

KNEE

NOSE

TOE

EYE

MOUTH

TOOTH

BUTTOCKS

FOOT

EAR

CHEEK

THORAT

ABDOMEN

UPPER ARM

FINGER/DIGIT _____

BACK OF HAND

LOWER ARM

UPPER LEG

LOWER LEG

PALM OF HAND

OTHER*

IF OTHER, DESCRIBE: _____

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INJURED'S NAME: _____ CELL PHONE: _____

INJURED'S STREET ADDRESS:

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

EXPLAIN CAUSE OF ACCIDENT & NATURE OF INJURY:

CORRECTIVE ACTION TAKEN:

WITNESS: _____ CELL PHONE: _____

WITNESS: _____ CELL PHONE: _____

PROPERTY/EQUIPMENT DAMAGE:

DIRECTOR SIGNATURE: _____ DATE: _____

PRODUCTION CORRINATOR
SIGNATURE: _____ DATE: _____

PROFESSOR SIGNATURE: _____ DATE: _____

RISK MGMT. SIGNATURE: _____ DATE: _____