

## Referral for Secondary Accident Investigation

Date of Referral: \_\_\_\_\_ Work Location: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Accident/Incident to be investigated: \_\_\_\_\_

Name of person(s) injured in this incident: \_\_\_\_\_

Date, time and location of incident: \_\_\_\_\_

Reason for request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_