



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

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**SAFETY FIRE
SAFETY ENGINEERING
GID-332-SF JAN2019**

ACCIDENT INVESTIGATION OFFICIAL REPORT

Date of Publication

OFFICIAL REPORT

Accident Investigation

Event – Date it Occurred

Company Where It Occurred

City of _____, Georgia

Submitted by Name, Title

**OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER
SAFETY INSPECTIONS**

Electronic Signature

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SUMMARY OF ACCIDENT

At approximately		on		,		Injuries	
	(Time)		(Day)		(Date)	Fatalities	
General Description of Accident							
Occurred at Location address							

EQUIPMENT DATA – Complete description of the pieces of equipment involved in the accident.

Equipment Type						
Physical data	<u>Length:</u>	<u>Height:</u>	<u>Circumference:</u>	<u>Construction Materials:</u>		
Manufacturer						
Serial No.		National Board No.			Manufacture Date	
Information about Operating Capacities	<u>Manufacturer’s recommended:</u>			<u>Actual:</u>		
Safety Features						
The objects jurisdiction for the State of Georgia						

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Rule violations at the time of operation	
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BACKGROUND AND PRIOR EVENTS

Specific Incidents Leading To Accident	<u>Who, what, when, where, why and how object was installed and operated.</u>	
Failure	<u>Describe the part of the equipment which failed, how it failed, and the results of the failure.</u>	
Conclusions	<u>Cause</u>	<u>Describe the facts that caused the equipment failure.</u>
Possible Contributing Factors	<u>Describe the facts of any contributing causes.</u>	
Follow-up	<u>Required, including any scheduled hearings or violation follow-up, installers, or service people.</u>	

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KEY PERSONNEL

Chief Investigator	<u>Name and title of person in charge of coordinating this investigation.</u>
Staff Investigators	<u>Names and titles of other members of the Safety Engineering Section who assisted in the investigation.</u>
Other Investigating Agencies	<u>Names, titles, and organizations of other persons who assisted in the investigation.</u>

ATTACHEMENTS: (check box if applicable)

<input type="checkbox"/> Analytical results of sampling	<input type="checkbox"/> Photographs
<input type="checkbox"/> Autopsy reports	<input type="checkbox"/> Police reports
<input type="checkbox"/> Diagrams	<input type="checkbox"/> Statements from witnesses
<input type="checkbox"/> Manufacturer’s data reports	<input type="checkbox"/> Other (specify): <input type="text"/>
<input type="checkbox"/> Operator’s licenses, training certificates	

Use this space for any additional information.

Use Addendum for additional information and check this box if an Addendum Page is included as part of this report → ☐

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ADDENDUM: