



SAFETY DEPARTMENT INVESTIGATION REPORT

FEGS-602A

Revision : 0
Date : 12-15-17

F&E Ground Services LLC

Name of Safety Personnel Assigned to Investigate:	ID #:	
Name of Supervisor/Manager Involved:	ID #:	
Name of Lead Technician Present: (if applicable)	ID #:	
1. Name of Employee Involved:	ID #:	
2. Name of Employee Involved:	ID #:	
3. Name of Employee Involved:	ID #:	
4. Name of Employee Involved:	ID #:	
Description of Injury / Incident:		
Detail the determined ROOT CAUSE of this Injury / Incident:		
Detail any UNSAFE ACTS or CONDITIONS which may have contributed to this Injury / Incident:		
What ROOT CAUSE CORRECTIVE ACTION will be taken (and by WHOM) to prevent recurrence?:		
Additional Comments/Concerns/Thoughts:		
Estimated Cost of Injury / Incident:		
Final Cost of Injury / Incident:		
Report Completed by:	Title:	Date: