

Subcontractor Incident Report

Date: [Insert Date]

To: [Insert Recipient's Name]

From: [Insert Your Name]

Subject: Incident Report for Workplace Injury

Incident Details

Subcontractor's Name: [Insert Name]

Project Name: [Insert Project Name]

Location: [Insert Location]

Date and Time of Incident: [Insert Date and Time]

Description of the Incident

[Provide a detailed description of the incident, including what happened, how it happened, and any immediate actions taken.]

Injuries Sustained

[Detail any injuries sustained by the subcontractor, including specific body parts affected.]

Witnesses

[List any witnesses to the incident, along with their contact information.]

Corrective Actions Taken

[Explain any actions taken to prevent a similar incident in the future.]

Report Filed By

Name: [Insert Your Name]

Position: [Insert Your Position]

Contact Information: [Insert Your Contact Info]

Signature

[Insert Signature]