

Construction Safety Incident Report

Date of Report: [Insert date]

Location of Incident: [Insert location]

Incident Details

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

Description of Incident: [Briefly describe the incident leading to the minor injury]

Injured Party Information

Name: [Insert injured person's name]

Job Title: [Insert job title]

Contact Information: [Insert contact details]

Injury Details

Description of Injury: [Describe the minor injury sustained]

First Aid Administered: [Detail any first aid that was provided]

Witness Information

Name: [Insert witness name]

Contact Information: [Insert witness contact details]

Preventive Measures

Recommendations: [List any recommendations to prevent future incidents]

Report Prepared By

Name: [Insert your name]

Position: [Insert your position]

Signature

All incidents will be thoroughly investigated to ensure the safety of all personnel.