

Construction Safety Incident Report

Near-Miss Incident Report

Date of Incident: [Insert Date]

Time of Incident: [Insert Time]

Location of Incident: [Insert Location]

Reported By:

Name: [Insert Name]

Position: [Insert Position]

Contact Information: [Insert Contact Info]

Description of the Incident:

[Provide a detailed description of the near-miss incident. Include what happened, the conditions leading up to it, and any equipment involved.]

Persons Involved:

- [Insert Name and Position]
- [Insert Name and Position]

Immediate Actions Taken:

[Describe any immediate actions that were taken following the incident to ensure safety, such as equipment shutdown or evacuation.]

Root Cause Analysis:

[Identify any underlying causes of the near-miss and contributing factors.]

Recommendations for Preventive Measures:

[Suggest steps to be taken to prevent a similar incident from occurring in the future.]

Follow-Up Actions:

[Outline any required follow-up actions and responsible parties for those actions.]

Signature:

[Insert Signature] **Date:** [Insert Date]