

Construction Safety Incident Report

Date of Report: [Insert Date]

Project Name: [Insert Project Name]

Incident Date: [Insert Date of Incident]

Location of Incident: [Insert Location]

Reported By: [Insert Name of Reporter]

Position: [Insert Position]

Contact Information: [Insert Contact Information]

Incident Details

Type of Incident: Slip and Fall

Description of Incident:

[Provide a detailed description of the incident, including what happened, conditions leading up to the incident, and the immediate response.]

Injuries Sustained

[Describe any injuries sustained by the individual involved in the incident.]

Witnesses

[List names and contact information of any witnesses.]

Immediate Actions Taken

[Describe any first aid or emergency services contacted, along with steps taken to address the incident.]

Follow-Up Actions Recommended

[Provide recommendations to prevent future incidents, such as safety training or hazard assessments.]

Additional Notes

[Insert any further information that may be relevant to the incident report.]

Prepared By: [Insert Name]

Position: [Insert Position]

Date: [Insert Date]