

Construction Safety Incident Report

Date of Incident: [Insert Date]

Reported By: [Insert Name]

Employee Name: [Insert Worker Name]

Job Title: [Insert Job Title]

Department: [Insert Department]

Location of Incident: [Insert Job Site or Location]

Incident Description

[Provide a detailed description of the incident, including what happened, how it happened, and any factors that contributed to the incident.]

Injuries Sustained

[List any injuries the worker sustained as a result of the incident.]

Witnesses

[List any witnesses to the incident, including names and contact information.]

Immediate Actions Taken

[Describe any immediate actions taken after the incident, such as first aid administered or emergency services called.]

Follow-up Actions Required

[Outline any follow-up actions or investigations that need to occur as a result of the incident.]

Reporting Supervisor

Name: [Insert Supervisor Name]

Signature: _____

Date: [Insert Date]

Employee Acknowledgment

I acknowledge the above report is true and correct.

Employee Signature: _____

Date: [Insert Date]