

CONSTRUCTION INCIDENT REPORT

1. General Information

Report Number: _____

Date of Report: _____

Time of Report: _____

Reported By:

Name: _____

Position: _____

Contact Information: _____

2. Incident Details

Date of Incident: _____

Time of Incident: _____

Location of Incident:

Address: _____

Specific Area/Work Zone: _____

Weather Conditions: (if applicable)

Sunny Cloudy Rainy Windy Other: _____

3. Persons Involved

Injured Party/Parties (if any):

Name: _____

Role (e.g., worker, visitor, subcontractor): _____

Employer (if applicable): _____

Contact Information: _____

Witness(es):

Name(s): _____

Role(s): _____

Contact Information: _____

Supervisor on Site:

Name: _____

Position: _____

Contact Information: _____

4. Incident Description

Type of Incident:

- | | |
|------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Slip/Fall | <input type="checkbox"/> Chemical Spill |
| <input type="checkbox"/> Equipment Malfunction | <input type="checkbox"/> Electrical Shock |
| <input type="checkbox"/> Struck By Object | <input type="checkbox"/> Other: _____ |

Description of Incident:

5. Injuries and Damage

Injuries Reported:

(Detail any injuries sustained, including affected body parts.)

Property Damage:

(Describe any damage to equipment, tools, or property.)

6. Immediate Actions Taken

First Aid Provided (if applicable):

- Yes No

If Yes, describe: _____

Emergency Services Contacted:

Yes No

If Yes, specify (e.g., fire, ambulance): _____

Other Actions Taken:

(E.g., cordoned off area, shut down equipment, etc.)

7. Root Cause Analysis

Primary Cause: _____

Contributing Factors:

Human Error Environmental Conditions
 Equipment Failure Other: _____

Preventive Measures Suggested:

(Detail steps to prevent recurrence of the incident.)

8. Corrective Actions

Actions Taken to Address Issue:

(E.g., repairs, training, policy changes.)

Assigned To: _____

Deadline: _____

9. Attachments

Photos:

Yes No

Number of Photos Attached: _____

Witness Statements:

Yes No

Other Documentation (e.g., inspection reports, permits):

Yes No

Specify: _____

10. Authorization

Prepared By:

Name: _____

Position: _____

Signature: _____

Date: _____

Reviewed By:

Name: _____

Position: _____

Signature: _____

Date: _____

11. Follow-Up Actions

Date of Follow-Up Review: _____

Findings or Updates:

(Record any further developments or insights from follow-up actions.)

