

Construction Site Incident Report

General Information

Date of Incident

Time of Incident

Location

Reported By

Contact Information

People Involved

Name(s)

Role/Position

Employee/ID No.

Incident Description

Describe what happened

Immediate Action Taken

Describe immediate actions taken (first aid, shutdown, etc.)

Witnesses

Witness Name(s)

Contact Information

Further Action / Recommendations

Describe any further action or recommendation to prevent recurrence

Report Completion

Completed By

Date