CONSTRUCTION INCIDENT REPORT

Date of Report: _____, 20___

Person(s) Involved

Name: _____ Role: _____

Contact Information: _____

Name: _____ Role: _____

Contact Information: _____

Incident Details

Date: _____ Time: _____ ☐ AM ☐ PM

Location: _____

Type of Incident: (Check all that apply)

☐ Worker Injury ☐ Equipment Incident ☐ Fall/Slip

☐ Property/Material Damage ☐ Excavation/Trenching ☐ Fire/Explosion

☐ Vehicle Incident ☐ Hazardous Substance Exposure ☐ Other: _____

Describe the incident:

_____

_____

_____

Injuries and Medical Attention

Was anyone injured? ☐ Yes ☐ No

Describe the injury: _____

_____

_____

Was first aid administered?
☐ Yes ☐ No

Was EMS/hospital transport required?
☐ Yes ☐ No

Name of first responder/medical provider: _____

Actions Taken

Was the area secured or access restricted?
☐ Yes ☐ No

Was equipment shut down or tagged out?
☐ Yes ☐ No

Describe any actions taken in response to the incident: _____
_____
_____
_____

Witness(es)

Were there any witnesses to the incident? ☐ Yes ☐ No

Witness Name: _____

Contact Information: _____

Witness Name: _____

Contact Information: _____

Supporting Document

Are supporting documents attached?
☐ Yes ☐ No

Describe the supporting documents:
_____
_____
_____

Reporting Person

Name: _____ Role: _____

Signature: _____ Date: _____