

CONSTRUCTION INCIDENT REPORT FORM

INDIVIDUAL FILING REPORT

Full Name: _____ Title/Role: _____

Signature: _____ Date: _____

INCIDENT DETAILS

Date of Incident: _____ Time: _____ AM PM

Location: _____

Incident Category: Accident/Injury Near Miss Equipment Failure Property Damage
 Worker Misconduct Other: _____

Describe the Incident:

PARTIES INVOLVED

1. Full Name: _____ Phone: _____ E-Mail: _____
Address: _____

2. Full Name: _____ Phone: _____ E-Mail: _____
Address: _____

3. Full Name: _____ Phone: _____ E-Mail: _____
Address: _____

4. Full Name: _____ Phone: _____ E-Mail: _____
Address: _____

INJURIES

Was anyone injured? Yes No

If yes, describe the injuries:

PROPERTY DAMAGE

Was there any property or equipment damage? Yes No

If yes, describe the damages:

Estimated Cost: \$ _____

ACCIDENT/INCIDENT ANALYSIS

Did personal factors or unsafe conditions contribute to the incident? Yes No

If yes, describe the factors/conditions:

WITNESSES

Were there witnesses to the incident? Yes No

If yes, enter the witnesses' names and contact info:

- 1. Full Name: _____ Phone: _____ E-Mail: _____
- 2. Full Name: _____ Phone: _____ E-Mail: _____
- 3. Full Name: _____ Phone: _____ E-Mail: _____

POLICE / MEDICAL SERVICES

Police Notified? Yes No

If yes, was a report filed? Yes No

Was medical treatment provided? Yes No Refused

If yes, where was medical treatment provided?

On site Hospital Other: _____

OFFICE USE ONLY

Report received by: _____

Signature: _____ Date: _____

Follow-up action taken: