

# Incident Report: Falling Objects Accident

## Incident Details

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Location: \_\_\_\_\_

## Personal Details

Name of Injured Person: \_\_\_\_\_

Job Title/Role: \_\_\_\_\_

Department/Area: \_\_\_\_\_

## Description of Incident

Provide a detailed description of how the incident occurred, including the events leading up to the falling object

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## Description of Injuries

List and describe any injuries sustained as a result of the incident.

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## Witnesses

Name and contact information of any witnesses.

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## Immediate Action Taken

Detail the first aid provided, emergency measures taken, and notifications made.

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## Preventive Measures/Recommendations

Suggest corrective actions or recommendations to prevent recurrence.

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## Report Completed By

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

