

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

Description of Injuries

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

Witnesses

Name and contact information of any witnesses.

Immediate Action Taken

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

Preventive Measures/Recommendations

Suggest corrective actions or recommendations to prevent recurrence.

Report Completed By

Name:

Signature:

Date:
