

Construction Site Fall Incident Report

Basic Information

Date of Incident

Time of Incident

Location (Site/Area)

Enter site or area

Reported By

Position/Title

Person Involved

Name

Employee ID

Job/Trade

Incident Details

Describe what happened:

Enter detailed description of the incident...

Apparent cause of fall:

Describe the cause (e.g., missing guardrail, trip hazard)

Witnesses (names & contact):

Describe nature of injuries (if any):

Immediate Actions Taken

Actions taken after the incident:

Medical attention, area secured, equipment checked, etc.

Preventive Recommendations

How to prevent similar incidents:

Supervisor/Manager Name

Date