

Scaffold Collapse Incident Report

Incident Details

Date of Incident: _____

Time of Incident: _____

Location (Site/Area): _____

Scaffold Type: _____

Weather Conditions: _____

Reported By: _____

Contact Information: _____

Persons Involved

Name(s): _____

Position(s): _____

Company: _____

Injuries (if any): _____

Detailed Description of Incident

Immediate Actions Taken

Root Cause Analysis (if known)

Corrective and Preventive Actions

Witnesses

Name	Contact Information

Reported By (Signature)

Date:

Supervisor/Manager (Signature)

Date: