

# Scaffold Collapse Incident Report

## Incident Details

Date of Incident:	<div></div>
Time of Incident:	<div></div>
Location (Site/Area):	<div></div>
Scaffold Type:	<div></div>
Weather Conditions:	<div></div>
Reported By:	<div></div>
Contact Information:	<div></div>

## Persons Involved

Name(s):	<div></div>
Position(s):	<div></div>
Company:	<div></div>
Injuries (if any):	<div></div>

## 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: