

Fall Accident Incident Report

General Information

Project Name

Location

Date of Incident

Time of Incident

Reported By

Supervisor/Foreman

Person(s) Involved

Name

Job Title

Employee ID (if applicable)

Contact Number

Type of Injury (if any)

Incident Description

Describe the sequence of events leading to the fall and what occurred:

Equipment/Materials Involved

Estimated Height of Fall (in meters/feet)

Specific Location on Site

Witness(es) (Name & Contact)

Immediate Actions Taken

Describe immediate actions and care given:

Was medical attention required?

Select

Who was notified? (Supervisor/EMS/etc.)

Root Cause & Preventive Action

Preliminary root cause analysis (why did the fall occur?):

Corrective/Preventive actions recommended:

Report Signatures

Reporter Signature

Date

Supervisor Signature

Date

