

# Fall Accident Incident Report

## General Information

Project Name

Location

Date of Incident

Time of Incident

Reported By

Supervisor/Foreman

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## Person(s) Involved

Name

Job Title

Employee ID (if applicable)

Contact Number

Type of Injury (if any)

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## 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)

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## Immediate Actions Taken

Describe immediate actions and care given:

Was medical attention required?

Select

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

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## Root Cause & Preventive Action

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

Corrective/Preventive actions recommended:

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## Report Signatures

Reporter Signature

Date

Supervisor Signature

Date

