

# Construction Site Hazardous Material Incident Report

Date of Incident

Time of Incident

Location of Incident

Specify exact site/location

Name of Person Reporting

Position/Role

Contact Information

Phone or email

Type of Hazardous Material Involved

E.g. gasoline, asbestos, solvents

Estimated Quantity Involved

E.g. 10 liters

Description of Incident

Describe what happened

Immediate Actions Taken

Describe containment, evacuation, first aid, etc.

Injuries/Exposures (if any)

List names, types of injuries, treatment given

Notifications Made

List names/agencies notified (e.g. supervisor, fire department, environmental agency)

**Suspected Cause(s) of Incident**

Provide details if known

**Recommended Corrective/Preventive Actions**

How to prevent recurrence

**Reporter Signature**

Type your name or add digital signature

**Date Signed**