

Construction Site Safety Incident Report

Incident Information

Date of Incident

Time of Incident

Location

e.g., Building A, 2nd Floor

Reported By

Name and Position

Witnesses (if any)

Names and Positions

Incident Details

Describe the Incident

Describe in detail what happened

Injuries Sustained (if any)

List injuries and affected individuals

Equipment or Materials Involved

List any equipment/materials involved

Immediate Actions Taken

Actions Taken Immediately After Incident

Describe any first aid administered, equipment shut down, etc.

Corrective Actions / Recommendations

Describe Actions to Prevent Recurrence

e.g., training, PPE requirements, site modifications, etc.

Supervisor Review

Supervisor Name

Date of Review

Supervisor Signature

(Type name)