

# Worker's Fall Incident Report

## 1. Project & Worker Details

**Project Name**

**Date**

**Worker Name**

**ID/Badge #**

**Job Title**

**Supervisor Name**

## 2. Incident Details

**Date of Incident**

**Time**

**Location**

**Describe How the Fall Occurred**

**Height of Fall (approximate, e.g. 2m, 10ft)**

**Personal Protective Equipment Used**

## 3. Injuries & Treatment

**Describe Injuries (if any)**

**Medical Treatment Provided**

4. Witnesses

Witness Name

Contact Info

Witness Name

Contact Info

5. Supervisor’s Comments / Actions Taken

Comments & Corrective Actions

Supervisor Signature

Date

Worker Signature

Date

End of Report