

Construction Worker Fall Incident Report

INCIDENT DETAILS

Date of Incident

Time of Incident

Location/Area

Project/Site Name

Reported By

WORKER INFORMATION

Name

Job Title

Employee ID

Supervisor Name

DESCRIPTION OF INCIDENT

Detailed Description

Witnesses (if any)

What work was being performed?

INJURY & TREATMENT

Nature of Injury

First Aid Given

Medical Attention Required?

Hospital/Clinic Name

ROOT CAUSE & CORRECTIVE ACTION

Root Cause

Corrective Action Taken

Reported By (Signature)

Supervisor Signature

Date