

# Construction Site Injury Report

Project Name

Location

Date of Incident

Time of Incident

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Injured Person's Name

Job Title

Contact Information

Supervisor on Duty

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Witness(es)

Describe the Injury

Describe How the Incident Happened

Immediate Action Taken

Medical Attention Required?

Treatment Provided

Reported To (Name & Position)

Recommendations / Preventive Actions

Report Completed By

Date