

Scaffold Accident Report Form

General Information

Date of Incident	
Time of Incident	
Location/Area	
Reported By	
Contact Information	

Incident Details

Describe the Accident		Witnesses (names/contact)		Weather
Conditions				

Injury & Damage Details

Injuries Sustained (if any)		First Aid/Treatment Provided	
Damage to Scaffold/Property			

Cause and Prevention

Cause of Accident (if known)		Corrective/Preventive Actions Taken

Supervisor Review

Supervisor Name		Supervisor Comments	
Date of Review			
Signature			