## Fall from Height Accident Report (Rooftop Construction)

## **Incident Details**

Date of Incident
Time of Incident
Location
Location
Description of Location (e.g., floor level, rooftop section)
Injured Person Details
Name
Job Title
Company
Outle state was form
Contact Information
Incident Description
Describe how the fall occurred
Height of Fall (meters)
Weather/Environmental Conditions

## **Injury Details**

Describe the injuries sustained

Immediate Action Taken
First Aid/Administered
Medical Assistance Called?
Was work stopped?
Witnesses
Names of Witnesses
Contact Information
Investigation
Cause of Fall (if identified)
Contributing Factors
Preventive Actions & Recommendations  What measures are proposed to prevent recurrence?
Report Completed By
Name
Signature

Date			