

Incident/Injury Report Form for Construction

General Information

Date of Incident

Time of Incident

Location

Person Involved

Name

Job Title

Employee ID

Incident Details

Type of Incident

Description of Incident

Apparent Cause

Injury Information

Nature of Injury

Body Part Injured

First Aid/Treatment Given

Witness(es) Information

Name(s) of Witness(es)

Corrective Actions

Actions Taken / Recommendations

Report Completed By

Name

Date

Signature