## **Construction Site Fire Accident Report Form**

Date of Incident	
Time of Incident	
Location of Site	
Specific Area/Section	
Name(s) of Person(s) Involved	
Job Title(s)	
Fire Discovered By (Name & Job Title)	
Type of Fire	
Special section of the section of th	
Description of the Incident	
Immediate Action Taken	
Witnesses (Names & Contact Info)	
( tallies a sellast me)	
Extent of Damage / Injuries	
Extent of Damage / Injunes	

Reported By		
Date		