

# Fall from Height Accident Report

Date of Incident

Time of Incident

Location

Approximate Height of Fall (meters)

Name of Injured Person

Job Title/Position

Department/Team

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Description of Incident

Suspected Cause(s)

Nature of Injuries

First Aid/Treatment Provided

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Witness(es) Name(s)

Reported To

Immediate Corrective Actions Taken

Further Actions Recommended

Report Prepared By

Date