

CONSTRUCTION INCIDENT REPORT

Project Name: _____ Report No.: _____

Location of Incident: _____

Reporter Information:

Full Name: _____

Position / Title: _____

Contact Information: _____

Incident Details:

Date and Time of Incident: _____

Exact Location on Site: _____

Type of Incident: _____

Description of Incident:

Injuries and Damages:

Describe any injuries to persons:

Describe any property or equipment damage:

Witness Information:

Witness Name: _____

Contact Information: _____

Statement:

The undersigned certify that the information provided in this Incident Report is true and accurate to the best of their knowledge. This report is submitted in accordance with company policies and applicable United States laws and regulations governing workplace safety and incident reporting. All parties understand their obligations to cooperate fully in any investigations and to implement corrective measures necessary to ensure a safe work environment.

REPORTER'S SIGNATURE

REVIEWER'S SIGNATURE

Signature: _____

Signature: _____

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