



Incident Report

The following should be filled out for all accidents or injuries that occur on a build site or in relationship to a build and for all vehicle accidents that occur with an owned or rented vehicle. At the earliest convenience, and depending upon severity of incident, the supervisor should be notified of the incident.

Project: _____ Date: _____

Name/Position of Person Filing Report: _____

Date/Time/Location of Incident: _____

Name/Age of Person Injured: _____

Address/Phone Number: _____

Description of Incident: _____

Description of Injury: _____

Description of Treatment of Injury: _____

Comments of Injured Person: _____

Eyewitness Name/Address and Comments: _____

Notes on Follow-up Contact with Injured Person: _____

Other Notes or Comments: _____

Signature of Person Filing Report: _____

IF THE ACCIDENT WAS SEVERE, PLEASE TAKE PHOTOS OF THE SITE AND THE CAUSE OF THE INJURY AND ATTACH THEM TO THIS SHEET.