

# Construction Site Incident Record Form Sample

This **construction site incident record form sample** provides a standardized way to document accidents and safety issues on construction sites. It ensures accurate reporting and helps improve workplace safety by capturing essential details. Using this form facilitates compliance with industry regulations and promotes timely incident management.

## 1. Basic Information

Date of Incident:	<input type="text"/>	Time of Incident:	<input type="text"/>
Project Name:	<input type="text"/>		
Site Location:	<input type="text"/>		

## 2. People Involved

Name(s)	Job Title/Role	Contact Information
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 3. Incident Details

<b>Description of Incident</b>					
<input type="text"/>					
<b>Exact Location of Incident</b>					
<input type="text"/>					
<b>Type of Incident</b>					
<input type="checkbox"/> Injury <input type="checkbox"/> Near Miss <input type="checkbox"/> Property Damage <input type="checkbox"/> Environmental <input type="checkbox"/> Other					
<b>Immediate Action Taken</b>					
<input type="text"/>					

## 4. Witnesses

Name	Contact Information
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## 5. Investigation & Root Cause

Description of Investigation
<input type="text"/>
Identified Root Cause
<input type="text"/>

## 6. Corrective Actions

Action to Prevent Recurrence	Person Responsible	Target Date	Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 7. Additional Comments

<input type="text"/>
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## 8. Signatures

Person Completing Report	<input type="text"/>	Date	<input type="text"/>
Supervisor/Manager	<input type="text"/>	Date	<input type="text"/>