

Construction Site Accident Report Form

The **construction site accident report form** sample provides a standardized way to document incidents, ensuring all critical details are accurately recorded. This form helps improve safety measures and compliance by capturing essential information about the accident, such as location, cause, and involved personnel. Utilizing a clear and concise report template promotes effective communication and timely investigation on construction sites.

General Information			
Date of Accident:			Time of Accident:
Project Name:			
Exact Location:			
Personal Information			
Full Name of Injured Person:			
Job Title:		Phone Number:	
Supervisor's Name:			
Accident Details			
Description of Accident:			
Cause of Accident:			
Witnesses (Name & Contact):			
Nature of Injury:			
Immediate Action Taken:			
Follow-up / Investigation			
Medical Attention Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, describe:	
Was Equipment Involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, specify:	
Corrective Measures Recommended:			
Authorization			
Reported By:		Date:	
Supervisor Signature:		Date:	