

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