



Jobsite Incident Report

(This report is not for employee injury or auto accidents)

Company: _____

Project: _____

Date and Time of Incident: _____

Type of Incident: Personal Injury Property Equipment

Persons Involved:

1. Name: _____ Employer: _____

Describe Injury: _____

2. Name: _____ Employer: _____

Describe Injury: _____

3. Name: _____ Employer: _____

Describe Injury: _____

First Aid was given to: _____

Was anyone transported by ambulance? Yes No Name(s): _____

Will offsite medical attention be needed? Yes No Name(s): _____

Witness Name: _____ Employer: _____

Work Phone: _____ Home Phone: _____

Location of incident: _____

Describe what happened (*attach photos, diagrams*): _____

Did any unusual or different activity on the project contribute to the incident? Yes No

If so, describe: _____

Describe contributing factors such as weather, congestion, etc. _____

Describe safeguards in place such as signs, barricades, guardrails, etc. _____

Was the person(s) involved working where they were assigned or supposed to be? Yes No

Identify equipment damaged: _____

Owner of equipment: _____

Describe damage (*attach photos*): _____

What outside entities responded such as fire, police, OSHA or safety personnel? _____

Was the area barricaded after the incident to prevent additional damage or injury? Yes No

Who were the company and supervisor in charge of the area where the incident took place? _____

Supervisor signature: _____

Date of Report: _____