

INCIDENT REPORT TEMPLATE

Last Updated: February 2026

INCIDENT INFORMATION

Report Number: _____
Project Name: _____
Project Number: _____
Date of Incident: _____
Time of Incident: _____
Location on Site: _____
Reported By: _____
Date Reported: _____

PERSON(S) INVOLVED

Name: _____
Age: _____
Trade/Position: _____
Company: _____
Years of Experience: _____
Injury Type (if applicable): _____

INCIDENT DESCRIPTION

What Happened: _____

Sequence of Events:
1. _____
2. _____
3. _____
4. _____

Immediate Cause: _____

Contributing Factors: _____

INJURY DETAILS (if applicable)

Body Part Affected: _____
Nature of Injury: _____

Severity: & Minor & Moderate & Serious & Critical

Medical Treatment Required: & Yes & No

Hospital/Clinic Name: _____

Treatment Date: _____

WITNESSES

Witness 1:

Name: _____

Statement: _____

_____ :

Witness 2:

Name: _____

Statement: _____

_____ :

Witness 3:

Name: _____

Statement: _____

_____ :

PROPERTY DAMAGE

Description of Damage:

_____ :

_____ :

Estimated Cost: _____

Equipment/Materials Affected: _____

_____ :

ROOT CAUSE ANALYSIS

Immediate Cause:

_____ :

_____ :

Root Cause:

_____ :

_____ :

Contributing Factors:

1. _____ :

2. _____ :

3. _____ :

CORRECTIVE ACTIONS

Immediate Actions Taken:

1. _____ :

2. _____ : _____
3. _____ : _____

Preventive Actions Planned:

1. _____ : _____

Responsible: _____

2. _____ : _____

Responsible: _____

3. _____ : _____

Responsible: _____

PHOTOS & DOCUMENTATION

Photo References: _____

Other Documentation: _____

SIGNATURES

Prepared By: _____

Reviewed By: _____

Approved By: _____

OSHA RECORDKEEPING

OSHA Recordable: & Yes & No

If Yes, record on OSHA 300 Log