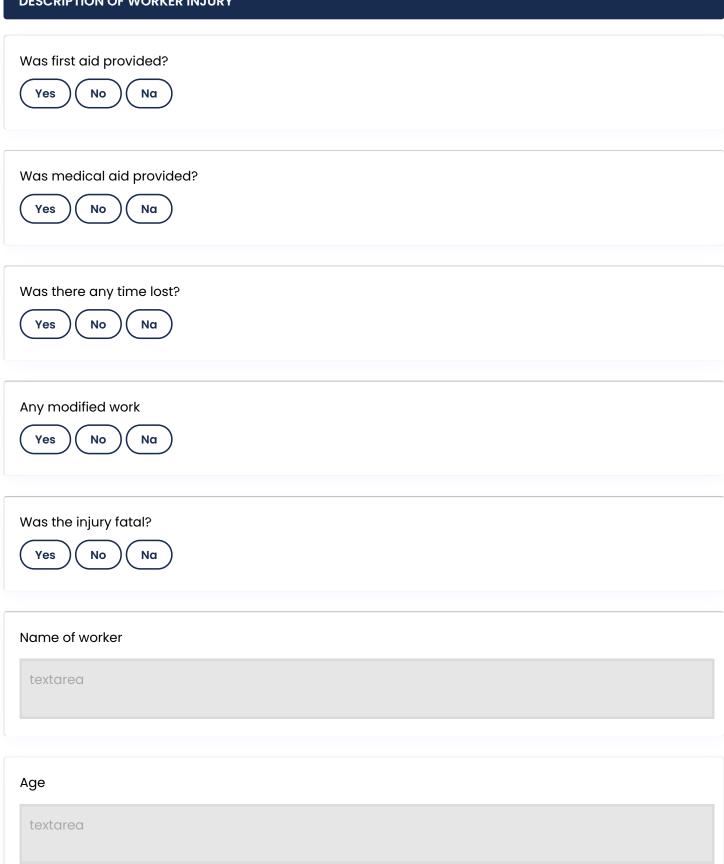
Accident Incident Report Checklist

Construction

DESCRIPTION OF WORKER INJURY



Occupation	
textarea	
Nature of injury	
textarea	
DETAILS OF VEHICLE/PROPERTY DAMAGE	
Add image	UPLOAD
Estimate cost/loss	
textarea	
Details of damage textarea	
GENERAL	
Was there damage to the property? Yes No Na	
Date	DATE
2017-01-01	

Type of accident
textarea
Person involved
textarea
Concerned department
textarea
Site supervisor on duty
textarea
Was there an injury? Yes No Na
Was the injury severe? Yes No Na
Was first aid provided?
Yes No Na
Did the damage have a major retention
Did the damage have a major potential? Yes No Na

Were there any spills? Yes No Na
Any near miss reported? Yes No Na
Was there a fire incident? Yes No Na
Were any vehicles involved? Yes No Na
Any other issue reported? Yes No Na
Explain more textarea
Add image UPLOAD
Name of witness textarea
SIGNATURES

Supervisor SIGNATURE SIGNATURE