Accident Incident Report Checklist

Construction

DESCRIPTION OF WORKER INJURY
Was first aid provided?
Was medical aid provided? Yes No Na
Was there any time lost?
Any modified work
Was the injury fatal? Yes No Na
Name of worker
textarea
Age
textarea

Occupation

textarea

Nature of injury

textarea

DETAILS OF VEHICLE/PROPERTY DAMAGE

Add image	UPLOAD
Estimate cost/loss	
textarea	
Details of damage	
textarea	

GENERAL

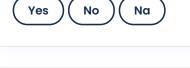
Was there damage to the property?	
Date	DATE
2017-01-01	

1	Type of accident
	textarea
F	Person involved
	textarea
	Concerned department
	textarea

Site supervisor on duty

textarea

Was there an injury?





Was first aid provided?



Did the damage have a major potential?



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

SIGNATURES

Supervisor

SIGNATURE