

Incident Report Checklist



Incident Report Checklist

Date: [Date of incident]

Incident ID: [Assigned Incident Identification Number]

1. Incident Details:

- **Date:**
- **Time:**
- **Location** (Specific area within the construction site):
- **Project Name:**
- **Phase of the Project** (if applicable):

2. Incident Reporting Information:

- **Name of Person Reporting:**
- **Designation:**
- **Contact Number:**
- **Email:**
- **Name of Supervisor/Foreman** (if applicable):

3. Incident Type:

- Fall from Height
- Struck-by/Struck-against
- Caught-in/Between
- Electrical Incident
- Slip, Trip, and Fall
- Equipment Malfunction
- Fire/Explosion
- Hazardous Material Exposure
- Near Miss/Close Call
- Other (Specify):

4. Incident Description:

[Provide a detailed narrative of what happened before, during, and after the incident. Include the sequence of events, weather conditions, and any contributing factors. Use additional sheets if needed.]

5. Safety and Health Implications:

- Were there any injuries or illnesses resulting from the incident? [Yes / No]
- If Yes, describe the nature of injuries or illnesses:
- Was medical attention required? [Yes / No]
- If Yes, describe the medical treatment provided:
- Note any potential long-term health implications resulting from the incident (e.g., exposure to hazardous materials):

6. Property Damage Assessment:

- Describe any damage to construction equipment, tools, or materials (if applicable):
- Estimate the cost of repair or replacement (if available):

7. Witness Statements:

[Record statements from witnesses and include their perspective on the incident. Use additional sheets if needed.]

8. Root Cause Analysis:

- Primary Cause:
- Contributing Factors:
- Root Cause Analysis (RCA) - [Describe the root cause using techniques like the 5 Whys, Fishbone diagrams, etc.]:

9. Corrective Actions Taken:

[Outline any immediate actions taken to address the incident and mitigate its impact. Include any first aid or emergency response measures conducted on-site.]

10. Preventive Measures:

[List long-term preventive actions to avoid similar incidents in the future. Specify responsible personnel and include the importance of ongoing safety training and communication.]

11. Incident Investigation Team:

- Lead Investigator:
- Team Members:

12. Management Notification:

- Was management notified about the incident? [Yes / No]
- If Yes, provide the names and designations of notified management personnel:

13. Regulatory Compliance:

- Are there any legal or regulatory compliance issues associated with the incident? [Yes / No]
- If Yes, specify the relevant authorities or regulatory bodies informed:

14. Follow-up and Monitoring:

- How will the effectiveness of corrective and preventive actions be monitored?
- Set a timeline for follow-up reviews and assessments to track improvements:

15. Incident Report Approval:

- Name and Signature of the Person Approving the Incident Report:

16. Distribution and Archiving:

[List the recipients who will receive copies of the incident report. Ensure secure archiving for future reference, audits, and insurance purposes.]

17. Additional Notes/Attachments (if applicable):

[Use this section for any additional information, diagrams, or photographs related to the incident.]