

Construction Incident Report

Use this form to report accidents, injuries, medical situations, or behavior incidents. Instantly notify management and HR of any events. Find the digital version of this form and more at <https://www.fulcrumapp.com/apps/construction-incident-investigation-form>.

Information about person involved in the incident

Name (required) _____

Home Address (required)

Street Address _____

City, State, Zip _____

Type
Choose one.

Student

Visitor

Employee

Vendor

Home Phone Number _____

Mobile Phone Number _____

Information of Incident

Police Notified Yes

No

▶ Set Location of Record to the Location of the incident.

More information on location

▶ Description of Incident *required: (what happened, how it happened, factors leading to the event, etc.) Be as specific as possible.

▶ Were there any witnesses to the incident?

Yes

No

Repeatable Section

Print one page per instance. The Fulcrum data collection app allows you to have unlimited repeating fields. Learn more at fulcrumapp.com/checklists.

WITNESSES

Name _____

Home Address Street Address _____

City, State, Zip _____

Phone Number _____

End of Repeatable Section

▶ Was the individual injured?

Yes No

▶ Describe the injury (laceration, sprain, etc.), the part of body injured, and any other information known about the resulting injury(ies).

▶ Was medical treatment provided?

Yes No Refused

▶ Where was treatment provided? *Choose one.*

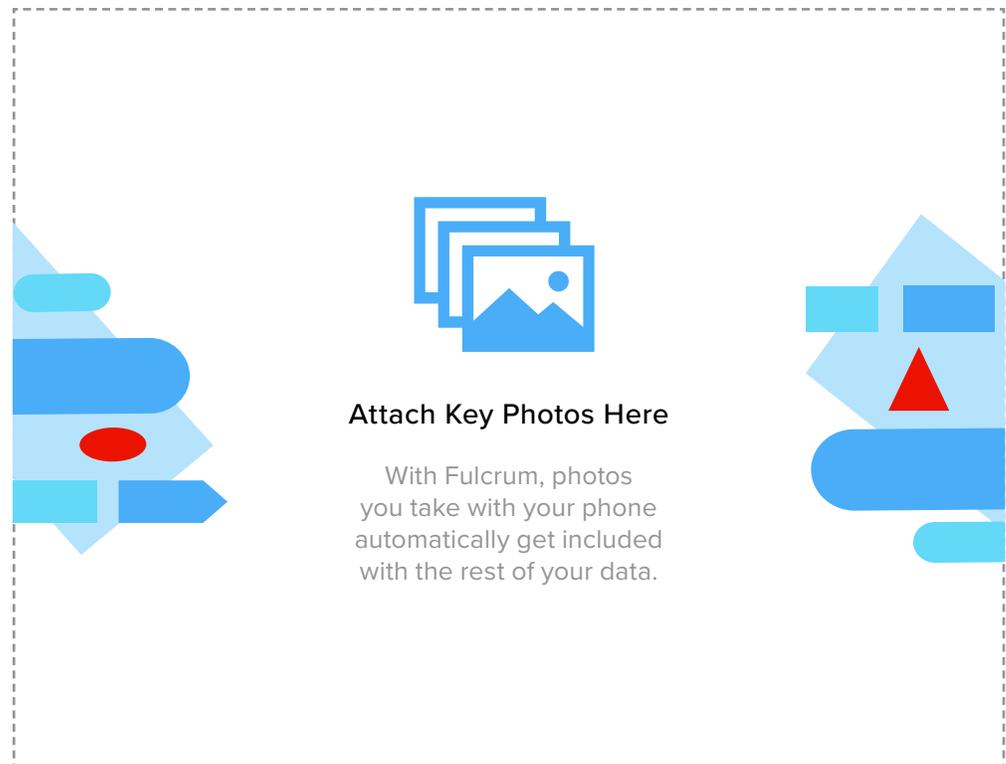
On site

Urgent Care

Emergency Room

Other (specify): _____

Photos of Incident



Attach Key Photos Here

With Fulcrum, photos you take with your phone automatically get included with the rest of your data.

Report Information

Name of Individual
Submitting Report _____

Signature (required) _____

Date _____ / _____ / _____

Time _____ : _____ AM / PM



Fulcrum is a mobile app creation platform that lets you digitize checklists like this easily — and automate related workflows! — without writing any code.

Check us out at fulcrumapp.com/checklists