



## Construction Industry Incident/Near Miss Report

*The Workers Compensation Act requires Notice of  
Injury to Employee(s) Within 5 Business Days*

Have completed reports to the Safety Department within 24 hours

Date of Incident/Near Miss: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_/\_\_\_\_/\_\_\_\_ am/pm

Date Reported: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_/\_\_\_\_/\_\_\_\_ am/pm

1) Did the incident result in personal injury or hospitalization? <input type="checkbox"/> Yes <input type="checkbox"/> No	2) Did the incident involve property or equipment damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
To Whom?	To What?
3) Location	4) Equipment damage
5) Part of body injured	Immediate supervisor
7) Nature of Injury _____ _____	
8) What happened to cause the injury and/ or damage? (Show drawings or photographs –use reverse for additional details) _____ _____	
9) Recommended action to prevent similar incident/near miss from occurring. _____ _____ _____	
10) Corrective action taken at worksite. _____	
11) What defective or unsafe condition(s) of tools, equipment, machinery, work area contributed to the incident/near miss. _____	
12) Was first aid rendered? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom _____ If outside emergency assistance was required, provide details _____ _____	
13) Doctor's name: _____	14) Medical facility _____
15) Severity of Injury <input type="checkbox"/> Minor <input type="checkbox"/> First aid only <input type="checkbox"/> Medical Aid <input type="checkbox"/> Lost time <input type="checkbox"/> Fatality	
16) Probability of reoccurrence <input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Rare	

