

# SITE SAMURAI

## INCIDENT REPORT FORM

Complete within 24 hours of any incident

### 1. INCIDENT DETAILS

Report Reference No: .....

Date of Incident (dd/mm/yyyy): .....

Time of Incident: .....

Project/Site Name: .....

Exact Location: .....

### 2. INCIDENT TYPE

- Injury to Person
- Damage to Property
- Damage to Plant/Equipment
- Environmental Incident
- Dangerous Occurrence
- Near Miss (use Near Miss form)

### 3. INJURED PERSON DETAILS (if applicable)

Name: .....

Company: .....

Trade/Role: .....

Date of Birth: .....

Nature of Injury: .....

Body Part Affected: .....

First Aid Given (Y/N): .....

Sent to Hospital (Y/N): .....

Hospital Name: .....

### 4. DESCRIPTION OF INCIDENT

Describe what happened, including events leading up to the incident:

### 5. WITNESSES

Name	Company	Contact Number

### 6. IMMEDIATE ACTIONS TAKEN

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## 7. RIDDOR REPORTING

Is this incident RIDDOR reportable?

- Yes — reported to HSE on: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ref: \_\_\_\_\_
- No
- To be determined

## 8. ROOT CAUSE & CORRECTIVE ACTIONS

Root Cause:

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Corrective Actions:

Action	Assigned To	Due Date	Status

Completed By:

\_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Site Manager:

\_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_