**Safety Corrective Action Form**

**Date of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Reported By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Location of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Involved Personnel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Safety Issue:  
(Check all that apply)**

* **Slip/Trip/Fall**
* **Equipment Malfunction**
* **Hazardous Material**
* **Improper Training**
* **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Incident Description:  
Provide a detailed description of the safety incident, including any injuries sustained.**

**Immediate Actions Taken:  
List immediate corrective actions taken at the time of the incident.**

**Safety Corrective Action Plan**

| **Action Required** | **Responsible Party** | **Target Completion Date** | **Follow-Up Date** |
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**Post-Incident Training and Prevention  
List any additional training or preventive measures implemented.**

**Signature of Safety Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**