

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

Post-Incident Training and Prevention

List any additional training or preventive measures implemented.

Signature of Safety Officer: _____

Date: _____