

## SAFETY ACTIONS

### 1. Incident Collection

To begin, gather all incident reports from the past month, ensuring they include essential details like the who, what, when, and where. The root cause analysis should identify recurring issues, such as equipment failure or human error.

### 2. Corrective Actions

Once incidents are reviewed, implement specific corrective actions. These actions should be clear, measurable, and address the root cause of the incidents. This could include revising safety protocols, replacing faulty equipment, or conducting additional training.

### 3. Verification and Follow-up

After corrective actions are applied, verify their effectiveness through follow-up inspections. Ensure that the safety issues have been resolved and no similar incidents have occurred since.

### 4. Proactive Measures

Lastly, revise safety procedures and take proactive steps to prevent future incidents. This includes updating documentation and enhancing safety training, ensuring continuous improvement in construction site safety.

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

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

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

### INCIDENT INFORMATION

Date and Time of Incident: \_\_\_\_\_

Location on Site: \_\_\_\_\_

Description of Incident:  
\_\_\_\_\_  
\_\_\_\_\_Injuries Sustained (if any):  
\_\_\_\_\_Equipment Involved:  
\_\_\_\_\_Witnesses (if any):  
\_\_\_\_\_

### CONTRIBUTING FACTORS

Working Conditions: \_\_\_\_\_

(e.g., weather, lighting, ground conditions)

Equipment Malfunction (if applicable) \_\_\_\_\_

(If applicable)

Lack of or Improper Use of PPE: \_\_\_\_\_

Human Factors: \_\_\_\_\_

(e.g., fatigue, stress, distraction)

Procedural Issues: \_\_\_\_\_

(e.g., inadequate training, missing permits)

Proximity to Hazards \_\_\_\_\_

(e.g., moving equipment, electrical lines):

## IMMEDIATE ACTIONS TAKEN

First Aid Administered: \_\_\_\_\_

Emergency Services Contacted: \_\_\_\_\_

Area Secured: \_\_\_\_\_

Equipment Shut Down: \_\_\_\_\_

## CORRECTIVE ACTIONS

Immediate Corrective Actions Taken:

\_\_\_\_\_

Proposed Further Corrective Actions:

\_\_\_\_\_

Person(s) Responsible for Corrective Actions:

\_\_\_\_\_

Deadline for Completion: \_\_\_\_\_

## PREVENTIVE MEASURES

Review of Existing Safety Procedures:

\_\_\_\_\_

Need for Additional Training: \_\_\_\_\_

(e.g., VR/AR training modules)

Potential for Technology Implementation:

\_\_\_\_\_

(e.g., AI monitoring, wearable alerts)

Mental Health and Well-being Support Considerations:

\_\_\_\_\_

Communication of Lessons Learned to Workforce:

\_\_\_\_\_

## ADDITIONAL COMMENTS AND FOLLOW-UP ACTIONS

Comments:

Supervisor Signature: \_\_\_\_\_ X