

Facilities Management Incident Follow-Up Form

Accident Date Employee Supervisor

I. Potential Corrective Actions to prevent reoccurrence of this type of incident. Check all that apply and describe possible actions in the comment box. Include targeted completion dates.

Add, Repair or Replace (equipment, safety guard, parts, wiring, steps, landscape, etc.)

Target Completion Date

Date

Counseling (what counseling or discipline was issued)

Date

Policies/Procedures (develop or revise written SOP's, instructions etc.)

Date

Training (define any specific training actions)

Date

Manager/Supervisor
Signature _____

Date

II. Corrective Actions Assessment - To be regularly reviewed by assigned safety committee member. Ensure completion of all actions checked above and report findings in comment box.

Add, Repair or Replace (equipment, safety guard, parts, wiring, steps, landscape, etc.)

Complete Date

Counseling (what counseling or discipline was issued)

Complete Date

Policies/Procedures (develop or revise written SOP's, instructions etc.)

Complete Date

Training (define any specific training actions)

Complete Date

Auditor's
Signature _____

Date Report Closed