



Department: _____

Safety Action Report

EMPLOYEE'S NAME/PHONE NUMBER: _____

1. Investigation Activities Completed:

Interviews: Employee Witness Supervisor Other: _____

Inspections: Equipment Materials Location Other: _____

Reviews: Procedures Training Record Other: _____

2. Causative Factors:

Causes: Employee Procedures Equipment Work Environment Materials

Comments: _____

Employee's concurrence w/findings: I Agree I Disagree _____ Date: _____

3. Recommended Corrective Action:

- | | |
|---|--|
| <input type="checkbox"/> No Action Required | <input type="checkbox"/> Replacement, repair or improvement of equipment |
| <input type="checkbox"/> Discipline employee | <input type="checkbox"/> Modify or improve worksite |
| <input type="checkbox"/> Train employee in proper procedure | <input type="checkbox"/> Use alternative materials |
| <input type="checkbox"/> Develop or modify procedure | <input type="checkbox"/> Other: _____ |

4. Description of Corrective Action:

5. Costs: No Cost Est. Cost \$ _____ Budgeted Cap. Outlay Req'd Cap. Impvt. Req'd

6. Signatures

Recommended: ✓ _____ Supervisor Date _____	Reviewed: ✓ _____ Safety Action Team Date _____
Authorized: <input type="checkbox"/> _____ Supervisor Date _____	<input type="checkbox"/> Concur w/ Recommendation <input type="checkbox"/> Recommend Alternative Action <input type="checkbox"/> Recommend Additional Actions
and/or Authorized: <input type="checkbox"/> _____ Director Date _____	
Completed: ✓ _____ Supervisor Date _____	Finalized: ✓ _____ Safety Action Team Date _____