

Corrective Actions Planning Form

Accident Investigation Report

Report Reference No.:

Enter reference number

Date of Investigation:

Location:

Enter location

Brief Description of Accident:

Provide a short summary

Corrective Actions Plan

Identified Hazard/Risk	Corrective Action(s)	Responsible Person	Target Completion Date	Date Completed
e.g., Wet floor in corridor	e.g., Install non-slip mats	e.g., Maintenance	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Prepared By:

Name

Approved By:

Name/Position

Date of Review:

Important Notes

- This form should be completed following a thorough accident investigation.
- All corrective actions must be specific, measurable, and assigned to a responsible person.
- Regularly monitor the progress of corrective actions until all are completed.
- Keep this document as part of your official safety records.
- Review and update the corrective actions plan if any new hazards are identified.

