



**EXAMPLE POST INCIDENT REVIEW FORM**

Required Attendees	Name	Affiliation	Phone Number
Project Manager			
Superintendent			
Assistant./Area Supt.			
Project Safety Manager			
GC Safety Director			
Prime Tier Principal (if App.)			
Prime Tier Safety Rep. (if App.)			
Subcontractor Principal			
Subcontractor Foreman			
Subcontractor Safety Rep.			
Injured Person			
Other:			
Other:			
Other:			
Other:			

**MEETING AGENDA**

1.	Re-emphasize the commitment to an injury free environment/zero accident philosophy.
2.	Restate the purpose of the meeting (identify causal and contributing factors, prevent re-occurrence, disseminate information to all contractors).
3.	Chronology of Events:
4.	Identify Contributing Factors:  Identify Root Cause:
5.	Improvement Plan (Prevention of Recurrence) A. B. C. D. - Person(s) and completion deadlines assigned? - Follow-up meeting Required?
6.	Communication to Prevent Re-occurrence
7.	Discipline Matrix Applied? (off-line discussion)

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_