



## Safety - Incident Report

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

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

Persons involved: \_\_\_\_\_

Provide a brief description of incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed corrective action:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of responsible person assigned to make sure this doesn't happen again Date

\_\_\_\_\_  
Signature of Safety Manager Date



## Seguridad – Informe de incident

Proyecto: \_\_\_\_\_

Fecha: \_\_\_\_\_

Personas involucradas: \_\_\_\_\_

Proporcione una breve descripción del incidente:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Acción correctiva propuesta:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
Firma de la persona responsable asignada para asegurarse de que esto no vuelva a suceder

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del Gerente de Seguridad (Safety Manager Signature)

\_\_\_\_\_  
Fecha