

Accident Review Checklist

Construction

GENERAL

Near miss situations?

Yes

No

Na

Date of accident

DATE

2017-01-01

Time of accident

TIME

-

Supervisor on duty

Were there workers involved?

Yes

No

Na

Name of personnel involved?

Accident details

textarea

Name of injured person?

Was there a damage to property or material?

Yes

No

Na

Cause of the accident

Add photos

UPLOAD

Actions taken

Signature

SIGNATURE

Is relevant paperwork available?

Yes

No

Na

Is correct material available?

Yes

No

Na

Is the job information available by the supervisor?

Yes

No

Na

Is the material of optimum quality?

Yes

No

Na

Are correct tools and equipment available?

Yes

No

Na

Is site-specific PPE being used?

Yes

No

Na

Is there a sufficient time frame allotted to tasks?

Yes

No

Na

Are all required documents been signed on?

Yes

No

Na

Are tasks being carried out as per RAMS?

Yes

No

Na

Is housekeeping good?

Yes

No

Na

Is the quality of installation acceptable?

Yes

No

Na

Has the asbestos report been referred to before commencement of work?

Yes

No

Na

Are test results recorded?

Yes

No

Na

Are pictures recorded for office use?

Yes

No

Na

Is a helper available?

Yes

No

Na

Is the worker able to carry out required tasks?

Yes

No

Na

Is the helper aware of safety standards?

Yes

No

Na

Is general development acceptable?

Yes

No

Na

Is housekeeping good?

Yes

No

Na

Is behavior on-site acceptable?

Yes

No

Na

Signature

SIGNATURE