**Dangerous situations review**

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| 1) | Date review held: |

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| 2) | Names and roles of those reviewing situation: |

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| 3) | Have the response tasks been actioned? (Respond to each task): |

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| 4) | Have the safety issues been addressed satisfactorily? |

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| 5) | If not, what outstanding tasks need to be actioned? (Arrange to reconvene if tasks incomplete):Date for reconvening review meeting: |

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| 6) | Sign off *[****NB*** *after* ***each*** *review meeting; staff member(s) sign if this is the last review meeting – it confirms issues were addressed to their satisfaction and that they concur with on-going management of issues arising from the incident]*:Staff member(s) signature: Date:Supervisor’s signature: Date:Site Manager’s signature: Date: |