

Step #2 **WORKPLACE HAZARD ASSESSMENT CORRECTIVE ACTION**

Company Name:

Assessment Location(s): Time/Date:

Department/Areas Covered:

Assessment Team:	Name	Position
	_____	_____
	_____	_____
	_____	_____

			FOLLOW-UP	
ITEM #	PRIORITY	RECOMMENDED ACTION	ACTION TAKEN DATE/TIME	BY WHOM

COPIES TO: (FOR ACTION) (FOR INFORMATION):

Manager's Signature: Date: