

**Step #2**

**WORKPLACE HAZARD ASSESSMENT CORRECTIVE ACTION**

Company Name:

Assessment Location (s):

Time/Date:

Department/Area(s) 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: