

## Appendix E

### HAZARD CORRECTION REPORT

Department: \_\_\_\_\_

This form should be used in conjunction with the “Report of Unsafe Condition” form, as appropriate, to track the correction of identified hazards.

All hazards should be corrected as soon as possible, based on the severity of the hazard. If a serious imminent hazard cannot be immediately corrected, remove personnel from the area and restrict access until the hazard can be addressed.

Supervisor/Safety Coordinator Name: \_\_\_\_\_ Telephone Ext.: \_\_\_\_\_

\_\_\_\_\_  
Supervisor/Safety Coordinator Signature

\_\_\_\_\_  
Date

Description and Location of Unsafe Condition	Date Discovered	Required Action and Responsible Party	Completion Date	
			Projected	Actual