

Corrective Action Form

Date of injury/incident: _____ Injury/incident number: _____

Corrective action taken to prevent a recurrence (as indicated on the Accident/Incident Investigation Form)

Recommendations:	
Date assigned:	
Responsibility assigned to:	
Details of what has to be done:	
Who completed it?	
When was it completed?	
Follow-up Date	

Supervisor Signature: _____ Date: _____