



HAZARD CORRECTION REPORT

Department: _____

This form should be used in conjunction with the “Report of Unsafe Condition or Hazard” (IIPP Appendix A), 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, evacuate personnel from the area and restrict access until the hazard can be addressed.

Supervisor/Safety Coordinator Name: _____ Telephone: _____

Supervisor/Safety Coordinator Signature: _____ Date: _____

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

**IIPP–Appendix B
 March 2013**

Completed copies of this form should be routed to Human resources and the department’s Safety Coordinator and kept in department files for at least three years.