

# HAZARD CORRECTION REPORT

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

**This form should be used in conjunction with the “Hazard Alert Form” (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 E  
March 2006**

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