

# EVENTSCAPE

## CORRECTIVE ACTION FORM

1.2 CORRECTIVE ACTION

DATE

DATE OF INCIDENT

### CORRECTIVE ACTION PLAN

ACTION ASSIGNED	DEADLINE	PERSON ACCOUNTABLE	DETAILS	DATE COMPLETED	COMPLETED BY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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#### RECOMMENDED MANAGEMENT CONTROLS AND PROGRAM REVIEWS / ADDITIONS / IMPROVEMENTS

- |  |  |
|--|--|
| <input type="checkbox"/> LEADERSHIP TRAINING                   | <input type="checkbox"/> SYSTEM EVALUATION                 |
| <input type="checkbox"/> PLANNED INSPECTIONS / MAINTENANCE     | <input type="checkbox"/> ENGINEERING AND CHANGE MANAGEMENT |
| <input type="checkbox"/> EMERGENCY PREPAREDNESS                | <input type="checkbox"/> PERSONAL COMMUNICATIONS           |
| <input type="checkbox"/> RULES / REGULATIONS                   | <input type="checkbox"/> GROUP COMMUNICATION               |
| <input type="checkbox"/> KNOWLEDGE / SKILL TRAINING            | <input type="checkbox"/> HIRING PRACTICES                  |
| <input type="checkbox"/> CRITICAL TASK ANALYSIS AND PROCEDURES | <input type="checkbox"/> MATERIALS MANAGEMENT              |
| <input type="checkbox"/> PPE                                   |  |

#### DETAILS

#### THE FOLLOWING PERSONS HAVE PARTICIPATED IN THE INCIDENT INVESTIGATION AND ROOT CAUSE ANALYSIS AND ARE AWARE OF THE FINDINGS

##### JOINT HEALTH AND SAFETY COMMITTEE MEMBER

NAME	<input type="text"/>	TITLE	<input type="text"/>
DATE	<input type="text"/>	SIGNATURE	<input type="text"/>

##### SUPERVISOR / MANAGER

NAME	<input type="text"/>	TITLE	<input type="text"/>
DATE	<input type="text"/>	SIGNATURE	<input type="text"/>

##### HEALTH AND SAFETY COORDINATOR

NAME	<input type="text"/>	TITLE	<input type="text"/>
DATE	<input type="text"/>	SIGNATURE	<input type="text"/>

##### OTHER EMPLOYEE

NAME	<input type="text"/>	TITLE	<input type="text"/>
DATE	<input type="text"/>	SIGNATURE	<input type="text"/>