



**DALHOUSIE
UNIVERSITY**

**Department of
Facilities Management
Occupational Health and Safety**

Workplace Hazard – Corrective Action Report

To be completed by the responsible Supervisor.

Date: _____

Name of Responsible Supervisor: _____

Date of the inspection when this item was identified: _____

Description of Item or Hazard:

Location of Item or Hazard:

Corrective Action Recommended by Shop Supervisor:

If corrective action is deferred due to operational circumstances, please explain why.

Proposed Completion for Corrective Action: _____

Date Corrective Action Completed: _____

Shop Supervisor Sign Off: _____

Note:

If, for any reason, corrective action is deferred for more than a month, a copy of this form is to be forwarded to the responsible Manager.

Once all required corrective action has been taken a copy of this form is to be sent to the FM OHS Committee for its files.