

## Hazard Correction Form

Date that Hazard ("Hazardous Condition") was reported: \_\_\_\_\_

Location of Hazard: \_\_\_\_\_

Description of Hazard:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Severity of Hazard is:  Urgent (Poses imminent threat to health and safety)

Important (Could pose a threat to health and safety)

*Note : "Urgent" or "Important" both require immediate response*

Has this hazard also been reported on an "Incident/Hazardous Condition/Bloodborne Pathogen Exposure" Form?  Yes  
 No

If Yes, on what date was this form submitted? \_\_\_\_\_

Description of Corrective Action:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of person taking Corrective Action: \_\_\_\_\_

Date Corrective Action was implemented: \_\_\_\_\_

Date of Follow-up Evaluation: \_\_\_\_\_

Results of Follow-up Evaluation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date that Corrective Action was communicated to original submitter/reporter of the Hazardous Condition: \_\_\_\_\_