

**Hazard / Risk Control Form**

Step #2		HAZARD / RISK ASSESSMENT CORRECTIVE ACTION		
<b>Company Name:</b>				
<b>Assessment Location(s):</b>			<b>Time/Date:</b>	
<b>Department/Areas Covered:</b>				
<b>Assessment Team:</b>				
<b>Name</b>		<b>Position</b>		
_____		_____		
_____		_____		
			<b>FOLLOW-UP</b>	
ITEM #	PRIORITY	RECOMMENDED ACTION w/ COMPLETION DATE	ACTION TAKEN DATE/TIME	BY WHOM
<b>COPIES TO: (FOR ACTION)</b>		<b>(FOR INFORMATION):</b>		
<b>Manager's Signature:</b>			<b>Date:</b>	