

**HAZARD CORRECTION REPORT
IIPP Form IV**

Department: _____

This form should be used in conjunction with the "Report of Unsafe Condition" form (IIPP Form I), 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, remove personnel from the area and restrict access until the hazard can be addressed.

Supervisor/Safety Coordinator Name: _____ Telephone Ext.: _____

Supervisor/Safety Coordinator Signature

Date

Description and Location of Unsafe Condition	Date Discovered	Required Action and Responsible Party	Completion Date	
			Projected	Actual

Completed copies of this form should be routed to the department Safety Committee and kept in department files for at least one year.

**Safety Committee Meeting Documentation
IIPP Form V**

NOTE: This form, meeting minutes, or a similar record must be completed for each Safety Committee meeting held.

Department:
Division:

Date:
Meeting Chair:

Employees Present: (Use additional sign-in –sheet if necessary)

Old Business: Status of previous recommendation. Discuss pending old business.

Incidents / Accidents: Discuss recent accidents and near misses, note trends. Find root cause of accident, and possible corrective actions taken or needed.

Inspection Reports: Report on findings and recommendations

New Business: Discuss employee suggestions and concerns. Discuss new procedures or equipment. Talk about any changes to the safety policy.

Required Actions and Schedule / Responsible Party:

Attach any additional supporting documentation to this form.