

APPENDIX 2 – IDENTIFIED HAZARDS AND CORRECTION RECORD

Date of Inspection: _____

Inspector(s): _____

Unsafe Condition/ Work Practice	Location	Corrective Action Implemented	Person Responsible for Implementation	Date Implemented	Corrective Action Effective?	Additional Actions Required
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
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					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Notes:

