

## HAZARD CORRECTION REPORT

Department: \_\_\_\_\_

This form should be used in conjunction with the "Report of Unsafe Condition" form (IIPP Form 1), 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 Name: \_\_\_\_\_ Telephone Ext.: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

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

**IIPP - Form 6**  
**Rev.**  
**08/11/21**

Completed copies of this form should be routed to Human Resources / Risk Management, the County Safety Committee, and kept in department files for review upon request.