

Action Taken to Prevent Reoccurrence: (Check)

- | | |
|---|---|
| <input type="checkbox"/> Scheduled safety training | <input type="checkbox"/> Ordered or posted hazard/warning signs |
| <input type="checkbox"/> Developed/revised safety procedure | <input type="checkbox"/> Reported equipment/condition to _____ |
| <input type="checkbox"/> Ordered PPE | <input type="checkbox"/> Counseled Student |
| <input type="checkbox"/> Took equipment out of service for repair/replacement | <input type="checkbox"/> Corrective Action |
| <input type="checkbox"/> Reviewed policy/procedure | <input type="checkbox"/> Other _____ |

Police/Safety/Security Signature:

Phone #:

Date Completed: / /
 M D Y