

Follow-up record

Once the inspection/accident investigation has concluded, complete this form to help verify that the corrective steps are working.

Identify the hazard or root cause of the incident being investigated			
Correction put in place			
Is the correction adequa	<u>te?</u> Yes	No	
If "No", why isn't the correction adequate?			
If "No", what new correction is being proposed?			

Inspector's Name

Inspector's signature

Date

The above evaluations and/or recommendations are for general guidance only and should not be relied upon for medical advice or legal compliance purposes. They are based solely on the information provided to us and relate only to those conditions specifically discussed. We do not make any warranty, expressed or implied, that your workplace is safe or healthful or that it complies with all laws, regulations or standards.

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