KARSON BUILDERS LTD.

Step #2	WORKPLACE HAZARD ASSESSMENT CORRECTIVE ACTION			
Assessment Location(s):			**Time/Date:**	
Department/Areas Covered:				
Assessment Team: **Name** _____ _____			**Position** _____ _____	
			FOLLOW-UP	
ITEM #	**PRIORITY**	**RECOMMENDED ACTION**	**ACTION TAKEN DATE/TIME**	**BY WHOM**
COPIES TO: (FOR ACTION)			**(FOR INFORMATION):**	
Manager's Signature:			**Date:**	

***The Safety information in this policy does not take precedence over applicable government legislation with which all employees should be familiar**

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