**Appendix 4.4 – Accident Corrective Action**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of injury/incident: |  | Injury/incident number: |  |
| Date: |  |
| Corrective action taken (as indicated on the Accident/Investigation Form): |
|  |  |
|  |
|  |
|  |
| Recommendations (what, why, when): |  |
| Date assigned: |  |
| Responsibility assigned to: |  |
| Details of what has to be done: |  |
| Who has completed it? |  |
| When was it completed? |  |