**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? | |  | | |