## HS086

# **HS Corrective Actions Register**



Faculty/Division			School/ Divisional Unit			
Document number	Initial Issue date	Current version		Current Version Issue date	Next review date	
				issue uate		

ID number	Hazard	Hazard Report type	Corrective action required	Corrective action to be completed by (date)	Responsible staff	Date Corrective action initiated	Completion date	Signed off	Date review completed

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### Legend

ID number	A unique number that enables tracking over time			
Hazard	The reported hazard, etc that needs identified corrective action			
Hazard report type	Report type means OHS001 form, , audit non-conformance, workplace inspection, etc			
Corrective action required	What needs to be done to correct the identified hazard			
Corrective action to be completed by (date)	The date by which the corrective must be completed			
Responsible staff	Those staff whose job it is to do the corrective action			
Completion date	The actual date when the corrective actions are in place			
Signed off	The signature of the responsible staff			
Date review completed	The controls in place must be reviewed after, for instance, three months			