

Workplace Action Plan Form – Hazard Prevention & Control

Identified Hazard	Action To Be Taken						Completion Date	Update Date	Contact Person
	Eliminate	Substitute	PPES	Admin.	Prev. Maint.	Training			

Employer: _____ Workplace: _____

Completed by: _____ Date: _____

In Attendance (Policy Committee or JHSC or Saf. Rep.): _____
Please Print Name Please Sign