

Deficiency/Hazard Identification and Correction Record Form

We ask any individual whom identifies a Deficiency/Hazard or unsafe work practice at FLC to please complete this form and submit it to the FLC Office Manager for correction action to be taken.

Individual Reporting Deficiency/Hazard: _____

Date of Inspection: _____ Location: _____

Unsafe Condition or Work Practice: _____

Dates received in Office: _____

Corrective Action Needed: _____

Deficiency/Hazard referred to _____

Cost to complete Deficiency/Hazard _____

Estimated Date of Correction: _____

Correction Action Taken: _____

Policy/Procedure change suggested or required _____

Date Completed _____

Deficiency/Hazard corrected (Print Name) _____

Correction Certified by (Signature) _____

Date: _____