



**Action Taken to Prevent Reoccurrence: (Check)**

- |   |   |
|---|---|
| <input type="checkbox"/> Scheduled safety training                            | <input type="checkbox"/> Ordered or posted hazard/warning signs |
| <input type="checkbox"/> Developed/revised safety procedure                   | <input type="checkbox"/> Reported equipment/condition to _____  |
| <input type="checkbox"/> Ordered PPE  | <input type="checkbox"/> Counseled Student                      |
| <input type="checkbox"/> Took equipment out of service for repair/replacement | <input type="checkbox"/> Corrective Action                      |
| <input type="checkbox"/> Reviewed policy/procedure                            | <input type="checkbox"/> Other _____                            |

Police/Safety/Security Signature:

Phone #:

Date Completed:     /     /       
                                  M   D   Y