

R-7 CORRECTIVE ACTION REPORT & SIGN OFF



OWNER NAME		ASSIGNEE NAME	
ASSIGNED DATE		COMPLETED	
DESCRIBE CORRECTIVE ACTION			
OWNER SIGN		ASSIGNEE SIGN	
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ASSIGNED DATE		COMPLETED	
DESCRIBE CORRECTIVE ACTION			
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ASSIGNED DATE		COMPLETED	
DESCRIBE CORRECTIVE ACTION			
OWNER SIGN		ASSIGNEE SIGN	
MARKBOX IF INVESTIGATOR IS A SAFETY COMMITTEE MEMBER. AT LEAST ONE MUST BE AN EE REPRESENTATIVE ON THE SAFETY COMM.			
	EE SAFETY COMM MEMBER	SIGN	DATE
	INVESTIGATOR	SIGN	DATE
	INVESTIGATOR	SIGN	DATE
	INVESTIGATOR	SIGN	DATE
THE INJURED WORKER HAS RECEIVED COPIES OF THE FOLLOWING DOCUMENTS.			
THIS INVESTIGATIVE REPORT		SIGN	DATE
THE FIRST AID REPORT		SIGN	DATE
EMPLOYER'S WCB REPORT (IF REQUIRED)		SIGN	DATE