SAFETY CONCERN
Chemical Hygiene Plan

DATE OF INCIDENT/CONCERN: | DATE OF INVESTIGATION: | TIME:  

IF NOT BY REPORT, HOW WAS CONCERN RECEIVED?  
☐ e-mail ☐ phone ☐ other: Name: ___________________________ Phone: ___________________________

LOCATION OF INCIDENT: | DEPARTMENT INVOLVED:  

INCIDENT/CONCERN DETAILS

INVESTIGATION

CAUSES – WHAT SPECIFIC PERSONAL OR JOB FACTORS CONTRIBUTED TO THIS EVENT? (USE NEXT PAGE, IF NECESSARY)

CORRECTIVE ACTION PLAN

REMEDIAL ACTIONS - WHAT HAS AND OR SHOULD BE DONE TO CONTROL EACH OF THE CAUSES LISTED?
INCLUDE MANAGEMENT PROGRAMS FOR CONTROL OF INCIDENTS IF APPLICABLE.

<table>
<thead>
<tr>
<th>ACTION</th>
<th>PERSON RESPONSIBLE</th>
<th>TARGET DATE</th>
<th>COMPLETION DATE</th>
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PERSONS PERFORMING INVESTIGATION

INVESTIGATOR’S NAME: SIGN: DATE:  
INVESTIGATOR’S NAME: SIGN: DATE: