WORKPLACE HAZARD INSPECTION ACTION ORDER	**REF NUMBER:**
Complete this form instructing personnel to eliminate hazards identified during hazard inspections	
Date of inspection (date you did the inspection)	
Action required by (name of person fixing hazard)	
Person initiating (person who did inspection)	
Complete by this date (nominate hazard removed by)	
Location of hazard/s (where the hazard/s located)	

WORK REQUIRED

You have are directed to rectify safety hazards as followings:

The hazards above have been eliminated

This section must be completed and this form filed with the corresponding Hazard Inspection Checklist once actions are signed off.

Signed……. Date……

(name of person fixing hazard)

Supervisor/Safety Rep……. Date……

(person requesting removal of hazard)

IMPORTANT:

1. It is the responsibility of the person writing this Action Order to follow-up to make sure hazards are dealt with.
2. After sign off, attach this form to the corresponding Hazard Inspection Checklist for discussion at next toolbox meeting (or special meeting sooner depending on level hazard level).
3. This Ref Number above must cross reference to the Hazard Inspection Number is relates to.