

# JOHSC: HAZARD MITIGATION MONTHLY SUMMARY TABLE

Department:			Month:	Year:	
Document Reviewed	Hazards Identified	Control Measures in Place	Control Measures Required	Date To Be Completed	Additional Comments
<b>WORKPLACE INSPECTIONS (INCLUDING FIRST AID REPORTS)</b>					
<b>INCIDENT/NEAR MISS REPORTS (<i>SERIOUS, MINOR</i>)</b>					
<b>Workplace Health and Safety Concerns</b>					
Concern/Issue	Corrective Action		Date Completed	Assigned	

Note: File Arcs Occupational Health and Safety