

Section PS 818-E

Last revised: NOVEMBER 2019
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Incident Investigation Corrective Action Plan Template

Public Service Commission

The form below outlines the Employer's corrective actions that will be taken to address the recommendations contained in the OHS Incident Investigation Report for incidents involving dangerous occurrences, serious bodily injury or fatality.

Incident #:		Ministry:		Division/Branch or Program:	
Incident Date/Time:		Incident Location:			
Incident Summary:				Date of Status Update:	

Corrective Actions To Be Taken	Responsible Person	Target Date	Date Completed/ Current Status
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

COMMENTS:

Follow-up Review is scheduled for (Date): _____ **Responsible Person:** _____

Date: _____ **Signature:** _____ **Job Title/Role:** _____

Copies distributed by Director to:

- Manager
- Central Incident Resource
- OHC Co-chairs (if exist)
- Incident Investigation Team
- Others (list): _____