

<b>K</b>	<b>Recurrence Prevention Checklist</b>
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|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Training/Retraining of Involved Workers</li> <li><input type="checkbox"/> Job Procedures/Design Changes</li> <li><input type="checkbox"/> Equipment Repair or Replacement</li> <li><input type="checkbox"/> Perform in depth Hazard Assessment &amp; Analysis</li> <li><input type="checkbox"/> Supervisory Communication</li> <li><input type="checkbox"/> Improved Hazard Controls (Engineering/Adm/PPE)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Improve Safety Inspection Process</li> <li><input type="checkbox"/> Reassignment of Involved Worker</li> <li><input type="checkbox"/> Liaison with Manufacturer of Equipment</li> <li><input type="checkbox"/> Facilities Layout review &amp; Redesign</li> <li><input type="checkbox"/> Installation of Safety Guards/Barriers</li> <li><input type="checkbox"/> Other:</li> </ul> |
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<b>L</b>	<b>Action Plan</b>
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Remedial Actions (What has and/or should be done to control the causes listed?  
Show Date completed.

<i>Remedial Action</i>	<i>Date Completed</i>

Report filed by:	Signature:
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Investigation team:	The investigation team participated in the event reconstruction and cause analysis.
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Reviewed by:	Date:
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