

Injury Corrective Action Form

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|----------------------------|---------------------------|
| Date of Injury / incident: | Injury / incident number: |
| Corrective action taken: | Date: |
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|---------------------------------|--|
| Recommendations: | |
| Date assigned: | |
| Responsibility assigned to: | |
| Details of what has to be done: | |
| Who has completed it? | |
| When was it completed? | |

For more information and to download forms and other documents to help you prepare for, respond to and document any accidents on your job site, please visit www.cna.com/returntowork.