

# HAZARD CONTROL LOG

HC-1-90

DEPARTMENT:				AGENCY:			
LOCATION:					DATE:		
DATE	HAZARD	IMMEDIATE TEMPORARY CONTROL	LONG-TERM SOLUTION	HAZARD DETECTED	PRIORITY	SCHEDULED/DATE COMPLETION	
HAZARD NOT CORRECTED AFTER 30 DAYS SEND LOG TO: OFFICE OF RISK MANAGEMENT, LOSS PREVENTION SECTION P.O. BOX 94095 BATON ROUGE, LOUISIANA 70804-9095				SAFETY PAYS		PRIORITY E = EMERGENCY      C = ONE MONTH A = TODAY            D = THREE MONTH B = ONE WEEK	
REVIEWED BY:			DATE:		REVIEWED BY:		DATE: