

Corrective Action Plan (CAP) - Safety Template

Instructions: Complete this template to document safety hazards, incidents, or audit findings, and outline the immediate corrective and long-term preventative actions required. This document is designed for safety reporting, physical printing, and manual record-keeping.

1. General Information

Facility/Location:	<input type="text"/>	Date of Report:	<input type="text" value="YYYY-MM-DD"/>
Inspector/Reporter Name:	<input type="text"/>	Department/Area:	<input type="text"/>
Incident/Audit Reference #:	<input type="text"/>	Responsible Manager:	<input type="text"/>

2. Hazard/Incident Description

Detailed Description of Safety Hazard, Near-Miss, or Non-Compliance:

Root Cause Analysis (Why did this hazard or incident occur?):

Risk Level (e.g., High, Medium, Low):

3. Corrective Actions (Immediate Actions to Address Hazard)

Action Item Description	Responsible Person	Target Completion Date	Actual Completion Date
<input type="text"/>	<input type="text"/>	<input type="text" value="YYYY-MM-DD"/>	<input type="text" value="YYYY-MM-DD"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="YYYY-MM-DD"/>	<input type="text" value="YYYY-MM-DD"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="YYYY-MM-DD"/>	<input type="text" value="YYYY-MM-DD"/>

4. Preventative Actions (Long-Term Actions to Prevent Recurrence)

Preventative Measure / Policy Change	Responsible Person	Target Implementation Date
<input type="text"/>	<input type="text"/>	<input type="text" value="YYYY-MM-DD"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="YYYY-MM-DD"/>

5. Review & Sign-Off

Safety Officer/Reviewer Name:	<input type="text"/>	Date of Review:	<input type="text" value="YYYY-MM-DD"/>
Plan Status (e.g., Open, In Progress, Closed):	<input type="text"/>	Signature (Print and Sign):	<input type="text"/>