SSD-010

CORRECTIVE ACTION REPORT

Define the deficiency. Correct immediate risk. Eliminate root causes and verify lasting improvement.

2 Project Information		**3 Report Number**	
7 Location		**4 Date Identified**	
1 Company Information		**Department / Contact**	Time: _____ Shift: _____
Affected Activity / Process		**Affected Crew / Department**	
5 Reported By		**15 Supervisor Review**	

1–7 Corrective Action Information *Complete known details when the issue is identified.*

6 Hazard or Deficiency Description	18 Comments
Issue / requirement: _____ Observed condition: _____ Potential consequence: _____ Affected people / equipment: _____ Reference / evidence: _____ Detailed description: _____	Comments: _____ Employee / stakeholder input: _____ Constraints / dependencies: _____ Additional information: _____ Attachments: ☐ Yes ☐ No Follow-up requested: ☐ Yes ☐ No Comment date / time: _____ ☐ Other: _____

8 Risk Level (Low, Medium, High, Critical) *Evaluate potential consequence and urgency before assigning action.*

RISK	Low	Medium	High	Critical	Immediate Action
RISK	Root Cause	Preventive Action	Responsible Person	Target Date	Verification Required

Risk level: LOW MEDIUM HIGH CRITICAL

Response: Low - schedule and monitor. Medium - correct promptly. High - stop or restrict affected work until effective controls are in place. Critical - stop work, isolate exposure, and escalate immediately.

6–14 Deficiency, Cause, and Corrective Action Plan

Record the issue, root cause, immediate action, prevention, owner, and target date.

#	ACTION / CAUSE ITEM	DEFICIENCY / ROOT CAUSE / EVIDENCE	IMMEDIATE / LONG-TERM ACTION	RISK	TARGET DATE	PERSON RESPONSIBLE
1				L / M / H / C	L / M / H / C	
2				L / M / H / C	L / M / H / C	
3				L / M / H / C	L / M / H / C	
4				L / M / H / C	L / M / H / C	
5				L / M / H / C	L / M / H / C	
6				L / M / H / C	L / M / H / C	
7				L / M / H / C	L / M / H / C	

Risk Key: L = Low M = Medium H = High C = Critical

Corrective-action reminder: Control immediate risk, identify system causes, select sustainable preventive actions, assign one accountable owner, establish a target date, and verify completion and effectiveness before closure.

9–11 Root Cause and Action Planning

9 Root Cause Analysis	10–11 Corrective and Preventive Actions
☐ People / supervision ☐ Procedure / planning ☐ Equipment / tools ☐ Materials / environment ☐ Training / competency ☐ Communication / coordination Root cause statement: _____ Employee feedback: _____ Cause verified: ☐ Yes ☐ No Positive practice recognized: _____ Analysis completed by: _____ Date: _____ ☐ Other: _____	☐ 10 Immediate Corrective Actions Taken ☐ Hazard controlled / area secured ☐ Work stopped / restricted ☐ Interim safeguard installed ☐ Employees notified / instructed ☐ 11 Long-Term Preventive Actions ☐ Procedure / design / training improved Employee feedback: _____ Cause verified: ☐ Yes ☐ No Positive practice recognized: _____ Analysis completed by: _____ Date: _____ ☐ Other: _____

15 Supervisor Review

12 Person Responsible for Completion		**13 Target Completion Date**	
10 Immediate Corrective Actions Taken		**Affected Area / Process**	
Immediate Risk Controlled?	☐ No ☐ Yes - details: _____	**13 Target Completion Date Confirmed?**	☐ No ☐ Yes - to: _____ –
11 Long-Term Preventive Actions / Notes		**14 Verification of Completion Date**	Date: _____ Time: _____

16 Management Approval

☐ Hazard / deficiency confirmed	☐ Risk level confirmed	☐ 12 Person Responsible assigned	☐ 13 Target Completion Date assigned
☐ 10 Immediate actions verified	☐ 16 Management escalation completed	☐ Completion evidence reviewed	☐ Other: _____

17 Follow-Up Review

Before closure, confirm immediate corrective actions remain effective, long-term preventive actions are complete, supporting evidence

demonstrates implementation, and follow-up verified that the action addresses root causes without creating new hazards. Reopen or escalate

ineffective or overdue actions and retain the completed record according to company requirements.

Corrective Action No.		**Date / Time**	
Corrective / Preventive Action and Evidence		**14 Verification of Completion By**	

15 Supervisor Review *Confirm risk, cause analysis, action plan, owner, and target date.*

REVIEW / APPROVAL	PRINTED NAME	SIGNATURE	DATE / TIME
Reported By			
15 Supervisor Review			
16 Management Approval			
Additional Approval (if required)			

12–14 Corrective Action Tracking: Assign an owner, target date, and verifier.

Use one line per corrective or preventive action. The person responsible records completion; the verifier confirms implementation and effectiveness. Open, overdue, or ineffective actions must be escalated and carried forward until resolved.

CORRECTIVE / PREVENTIVE ACTION	PERSON RESPONSIBLE	TARGET / COMPLETED	VERIFICATION / FOLLOW-UP

15 Supervisor Review | 16 Management Approval | 19 Record Retention

14 Verification of Completion	☐ Complete / effective ☐ Reopen / follow-up	**Date / Time**	
15 Supervisor Review	☐ Approved ☐ Escalation required	**16 Management Approval / 18 Comments**	
19 Record Retention Location / Period		**Record Closed / Retained By**	

IMPORTANT: This report supports corrective-action management but does not replace applicable laws, regulations, competent-person duties, incident reporting, site rules, legal obligations, or professional judgment. The employer remains responsible for timely hazard control, qualified cause analysis, sustainable prevention, follow-up verification, and secure record retention.