COMMENT/CORRECTIVE ACTION SHEET

NCC INJURY & ILLNESS PREVENTION PROGRAM

Submit with School Self-Inspection Form in **November**

Due on date as indicated on the Necessary Forms web page

School: _____ Date: _____

Instructions: Use this form to comment on any item marked 'NO' on the NCC School Self-Inspection Form. Determine if the corrective action needed is immediate or routine by marking the appropriate column on the right. When the problem is corrected, put the date of completion accordingly.

Inspection Reference	Comment or Identified Problem	Corrective Action Priority			
		Immediate	Date Complied	Routine	Date Complied