

Corrective Action Plan

INCIDENT REPORT NUMBER	DATE	ALLEGED VICTIM
OTHER INCIDENT REPORT NUMBER, IF APPLICABLE	DATE	OTHER PERSONS

Corrective Action Plan Completed by Facility Designee

FOLLOW-UP AND ACTION STEPS <input type="checkbox"/> N/A	RESPONSIBLE PERSON(S)	TARGET DATE	COMPLETED DATE	DOCUMENTATION ATTACHED
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

- Administrative Review – Develop Corrective Action Plan or check N/A box if no Corrective Action Plan is needed.
- Facility Designee is responsible to follow up to ensure any corrective actions are completed by target dates and documentation is included in the incident file.

FACILITY INPUT

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AREA SUPERVISOR / MANAGER'S SIGNATURE

DATE

APPOINTING AUTHORITY OR DESIGNEE SIGNATURE

DATE