ACCIDENT PREVENTION PLAN

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MANAGEMENT COMMITMENT AND INVOLVEMENT
POLICY STATEMENT

The management of _____________________________ is committed to providing employees with a safe and healthful workplace. It is the policy of this organization that employees report unsafe conditions and do not perform work tasks if the work is considered unsafe. Employees must report all accidents, injuries, and unsafe conditions to their supervisors. No such report will result in retaliation, penalty, or other disincentive.

Employee recommendations to improve safety and health conditions will be given thorough consideration by our management team. Management will give top priority to and provide the financial resources for the correction of unsafe conditions. Similarly, management will take disciplinary action against an employee who willfully or repeatedly violates workplace safety rules. This action may include verbal or written reprimands and may ultimately result in termination of employment.

The primary responsibility for the coordination, implementation, and maintenance of our workplace safety program has been assigned to:

Name: ____________________________
Title: ____________________________ Telephone: ______________

Senior management will be actively involved with employees in establishing and maintaining an effective safety program. Our safety program coordinator, myself, or other members of our management team will participate with you in ongoing safety and health program activities, which include:

- Promoting employee safety program participation;
- Providing safety and health education and training; and
- Reviewing and updating workplace safety rules.

This policy statement serves to express management's commitment to and involvement in providing our employees a safe and healthful workplace. This workplace safety program will be incorporated as the standard of practice for this organization. Compliance with the safety rules will be required of all employees as a condition of employment.

_________________________________________                     ______________
Signature of CEO/President                                                               Date
EMPLOYEE WORKPLACE SAFETY
COMMUNITY
AND RESPONSIBILITIES

recognizes the success of any agency endeavor is largely dependent upon the entire work force. This agency recognizes the value of employee involvement to assist us in realizing the goals we have set for ourselves.

The Executive Director aggressively solicits from all employees the assistance for, and commitment to, implementation of the Accident Prevention Plan.

All employees are encouraged and expected to become involved in all aspects of implementing the Accident Prevention Plan.

All employees are expected to utilize established avenues to solicit and receive comments, information, and assistance where safety and health is concerned.

All employees are expected to perform their job duties in a manner that is safe for themselves, as well as those around them.

All employees are expected to perform their job duties in a manner that is safe for themselves, as well as those around them.

All employees are required to abide by all safety and health policies, procedures, and rules established by this company.

All employees of this company will adhere to the safety and health regulations established by federal, state, and local agencies.

All employees are expected and required to adhere to the safety and health program of this company. This is not optional! Your continued employment with this agency is contingent upon your recognizing and abiding by the safety and health policies, procedures, and rules established by this company.

_________________________________  ________________________
Signature  Date
RECORDKEEPING COMPONENT

The only valid means of reviewing and identifying trends and deficiencies in a safety program is through an effective record keeping program. The recordkeeping element is also essential in tracking the performance of duties and responsibilities under the program.

This Company is committed to implementing and maintaining an active, up to date recordkeeping program.

**Injury And Illness Data**

The Safety Coordinator will maintain records of all work related injuries and illnesses occurring to our associates or employees. The following records are applicable only to work related injuries and illnesses.

Applicable forms or records:

- OSHA No. 300 Log of Recordable Injuries and Illnesses or equivalent if required.
- Texas Workers’ Compensation Commission form TWCC-1
- Supervisors Accident Investigation Report or equivalent record of accidents/incidents

The OSHA 300 Log of Recordable Injuries and Illnesses or an equivalent record will be maintained at each work or job site. **If an OSHA 300 is not required, and not kept, an injury record must be kept to satisfy TWCC Rule 120.1.**

The completed OSHA 300 Log will be posted in a conspicuous location for employee review no later than each February 1, for the previous calendar year and will remain in place for a period of not less than 1 month.

All data pertaining to injuries or illnesses that did not require medical treatment, or were otherwise not recordable on the above mentioned documents, will be maintained in written record form. This will include first aid treatment of any kind.

All injury and illness documentation will be reviewed on a regular basis by management and supervisors to analyze occurrences, identify developing trends, and plan courses of corrective actions.

These records will be maintained a minimum of five years.
Safety and Health Surveys and Inspections/Program

The Safety Coordinator will maintain and review records of all safety audits and inspections that are conducted within or that affect the Company, our employees, or facilities.

Applicable forms and records:

- Comprehensive survey reports and records of action taken.
- Documented checklists of self inspection and records of action taken.

Reports generated as a result of comprehensive surveys conducted by outside professional agencies will receive immediate attention and consideration. All hazards identified and recommendations will be acted upon in a timely manner. All methods of addressing the issues contained in the reports will be documented in writing and a copy maintained with the survey report. This documentation will also show the date corrections were made or actions taken. These reports and all associated documentation will be maintained for record and periodic review. Members of management that receive these reports will ensure the corrective actions are taken.

Checklists will be developed as part of the periodic self inspection process. Checklists will be used and maintained including the name of the person performing the evaluation and the date of inspection takes place. The self inspection checklists will be reviewed by management upon completion. All discrepancies identified during the survey will be evaluated as soon as possible. The periodic self inspection checklists will be reviewed and evaluated on a regular basis to ensure current applicability. This review will be performed throughout the workplace with input from supervisors and employees. The checklist will be retained along with other applicable data for review. The list will be developed with the assistance of professionals providing comprehensive surveys (insurance field safety representatives, local fire inspectors, TWCC, etc.). The hazards and recommendations noted in the comprehensive surveys will be given consideration for addition to the periodic self inspection checklist. Area supervisors will be responsible for requisitioning and assisting in the correction process.

The formal Accident Prevention Plan components will be reviewed annually in ______of each year to identify insufficiencies or component failure. Each will be audited individually with the findings documented and recorded. This documentation will be used to identify trends in the program element deficiency and to track improvement modifications. This documentation will be maintained for review.
Safety or Other Related Meetings

The Safety Coordinator will maintain accurate records of all proceedings associated with the safety and health program of this Company. Applicable forms and records:

- Minutes, records, and data resulting from safety meetings or other gatherings in which discussion occurs that effects the safety and health program.

Keep a record of all proceedings and appropriate management or other designated staff actions effecting the safety and health program. These records will include the name of the recorder, date, a list of attendees, details of the topics discussed, and action or corrective measures suggested, recommended or taken. The purpose of these is to ensure that decisions effecting the safety and health program of this Company are carried out, implemented, and that results are tracked.

A recorder will be designated as responsible for keeping minutes or records at each meeting. During each subsequent meeting, the record of minutes for the previous meeting will be reviewed, discussed, resolved, and the document closed with an authorized signature.

Training Records

The Safety Coordinator will document and maintain records of all safety and health related training.

Applicable forms or records:

- Training documentation records

All safety and health related training provided to employees of this Company will be documented. This documentation will be maintained as proof of attendance and reviewed to assist in determining the need for additional or repeated training for employees on an individual basis. Records and documentation of training will include the presenters name, date of training, topic or subject, legible identification of the attendee, and attendees signature. The person providing the training is responsible for generating the documentation. The training record will become part of the employees permanent file and will be maintained by The Company.

Accident Investigation

The Safety Coordinator will ensure proper records and documentation of all accident and incident investigation activities are maintained and reviewed.

Applicable forms and records:

- Accident investigation forms and supporting data including photographs
Records of corrective action or preventative measures implemented

All accidents and near miss incidents resulting in injury or illness to a person, property damage of any magnitude, or the potential for either will be investigated and documented. All items on the designated accident investigation form will be addressed in detail as soon as possible following the accident/incident. The information acquired will be used and reviewed by management, supervisors, and effected employees to establish all contributing factors or causes. From the investigation, a plan of corrective action will be established to prevent recurrence of the mishap. The plan of corrective action and implementation will be documented and reviewed by management.

**Equipment Inspection & Maintenance**

The Safety Coordinator will maintain records and data pertaining to equipment inspection and maintenance programs performed at or with each facility.

Applicable forms and records:

- Routine inspection and maintenance records
- Documentation of services performed by contract agreement
- Documentation of repair and replacement of parts or equipment

Accurate records will be maintained involving all routine inspection and maintenance procedures performed on equipment at this Company. This documentation will be periodically reviewed by those responsible for maintaining equipment and facilities. The documentation will be utilized to determine an effective, ongoing equipment maintenance program and to ensure compliance with regulations that require inspections on certain equipment.
ANALYSIS COMPONENT

The Safety Coordinator will review and analyze all records and documentation pertaining to the safety and health program. This review will be conducted on a (quarterly, semi annual, or annual) basis and will focus on hazard analysis and recognition of developing trends.

Trend analysis will identify recurring accidents and near miss incidents resulting in or potentially involving injury, illness, and/or property damage. The analysis will also recognize repeatedly identified hazards/violations needing corrective action to establish what program component is failing that allows the hazard to exist.

The Safety Coordinator will provide information and recommendations for corrective measures for trends developing in their areas.

Employees will be made aware of developing trends and hazard exposures as they are recognized.

Trends of accidents or hazard recurrences will be a focal point for corrective action and employee training as needed.

Corrective measures will be followed by the Safety Coordinator of each location until the causal factor has been eliminated or controlled.

Employee training records will be reviewed on a regular basis to ensure an adequate and effective training program is maintained. Employees will be interviewed from time to time to establish retention of training and determine when information should be supported or repeated.
SAFETY AND HEALTH TRAINING COMPONENT

This agency is committed to providing safety and health related orientation and training to all employees at all levels. We will develop, implement, and maintain an aggressive safety and health orientation and training program. The programs purpose is to educate and familiarize employees with safety and health procedures, rules, and work practices of the facility. The management of this organization will encourage and require involvement and participation of all managers, supervisors, and employees. Furthermore, the executive level will support the orientation and training program with allocations in funding, staff, resources, and time to develop and implement this program.

Training Program Development

The training subjects and materials are developed utilizing industry and site specific criteria relating to identified and potential hazards, accident and incident data, and training required by federal regulations. The orientation, and subsequent training sessions will include, but not be limited to, the following:

- Hazards associated with the work area
- Hazards of the job or task assignment
- Emergency Procedures
- Specific equipment operation training
- Employee reporting requirements
- Accident investigation (supervisors and other designated personnel)
- Drug abuse policy
- Any federally required training not included or addressed above

The training program shall be administered in two phases consisting of new employee or reassigned orientation and regular periodic training and refresher sessions. Aside from the formal safety and health related training classes, employees will receive guidance and instruction on safe operating procedures of each assigned job or task.

Orientation

The orientation training will be administered to all new employees prior to the initial work assignment and to employees assigned to new or different tasks or jobs. The orientation will consist of all required training programs as well as job and site specific safety and health information. All new employees will be given a tour of the facility and an opportunity to
pose questions to expedite the familiarization process. New employees will not be released to an individual job assignment until it has been determined by the Safety Coordinator that the individual has retained the minimal acceptable elements of the training provided and pertinent information to safely perform the assigned duties.

**Ongoing Training**

All managers, supervisors, and employees are required to participate and become involved in the ongoing safety and health training program. The frequency, repetitiveness, and subject matter will be determined by training assessments and audits to be performed by the Safety Coordinator and will be at intervals that ensure demonstration of adequate training. The assessments and audits will, for the most part, be informal questions and observations of employees and work areas. At some point, a more formal survey, such as a written examination may be required. At no time will an employee be approved to work at an interval greater than 12 months without retraining. All employees assigned to attend a training session must demonstrate competency and retention of the minimal acceptable information prior to returning to any job assignment. The Safety Coordinator has the authority to assess training effectiveness and is responsible for enforcing implementation of criteria requirements of all training.

**Documentation**

Any and all safety and health related training will be documented with the following minimum information.

- **Date of training session**

- **Provider (name and title of person conducting training and affiliation, if not an employee of the Company)**

- **Subject matter**

- **Legible name of attendee(s) and supplemental identification if needed or required**

- **Signature or acknowledgment of attendance**

All training records and documentation will become a permanent part of each employee record as well as a master record used to determine participation of all employees. Individual training records will be maintained for the current year plus five more.
SAFETY AUDIT/INSPECTION COMPONENT

COMPREHENSIVE SURVEYS AND PERIODIC SELF INSPECTIONS

This agency has implemented a program to identify, correct, and control hazards on an ongoing basis. This program will utilize multiple resources to ensure effectiveness.

Comprehensive Surveys

This agency has arranged for each operating location to receive a comprehensive safety and health audit on a regular basis. These audits will identify existing and potential hazards and non-compliance issues that should be addressed. The findings of the surveys will be discussed and recommendations for corrective actions suggested. Audits will also be conducted to evaluate the overall effectiveness of the Accident Prevention Plan and employee training. Recommendations will be made to enhance the performance of the safety and health program. Reports will be forwarded to management for review.

Safety and Health Self-Inspections

The Safety Coordinator at each location of operation will conduct regularly scheduled safety and health self-inspections that will cover the entire facility and equipment. Management will allocate adequate time and resources to perform the surveys.

Each location will develop and maintain an inspection checklist(s) specific to the operation. The list will be developed utilizing a general inspection checklist and will be evaluated and updated with hazards that are identified during the inspections and other pertinent data as it is acquired. The contents of this checklist will be reviewed on a regular basis to ensure that it is current and updated. The checklist will be and become a part of the permanent record of the inspection and will serve as a confirmation of the audit. Each checklist will indicate the location or specific site or area surveyed, name and title of the inspector, date of inspection, and corrective action taken for identified hazards or violations. The inspection report will be used in trend analysis and record keeping.

Employees must be notified of the hazards that pose an immediate threat of physical harm or property damage and informed of measures or steps that will be taken to eliminate, correct, or control the hazard.

Management will review the inspection checklists and any other established documentation to ensure that a course of corrective action and time line has been established for eliminating each deficiency.
ACCIDENT/HAZARD INVESTIGATION COMPONENT

HAZARD CORRECTION AND CONTROL

Management is committed to and will correct or control all hazards identified through any of the avenues of recognition established. All identified hazards will receive a timely response.

Hazard Correction

Whenever possible and feasible, hazards identified at facilities will be corrected eliminating the cause of the hazard at the source. This will include, but not be limited to the following:

- Discontinuation or removal of hazardous chemicals, materials, or substances from the workplace
- Discontinuation from use or removal of hazardous equipment until replaced or repaired
- Correction of any unsafe act or conditions in existence, by service or training

Hazard Control

When identified hazards cannot be eliminated, the hazard will be effectively controlled by engineering, administrative procedures, work practices, personal protective equipment, or any suitable combination of these measures.

Engineering controls will include, but not be limited to the following.

- Isolation of employee exposure to the hazard
- Guarding or displacement of employee exposure to the hazard
- Preventive maintenance and repair of machinery and equipment.
- Administrative procedures will include, but not be limited to the following:
- Written programs to establish administrative guidelines for safe work practices
- Established and implemented work rules and procedures
Work practices will include, but not be limited to the following:

· Careful planning and performance of each assigned job, duty, or task

· Reduction in duration of exposure to hazards

· Adherence to safety and health rules and procedures

Personal protective equipment will be the control of last resort when all other means of eliminating the hazards have not provided adequate protection equipment is issued. The employee will be informed of the requirements, use, and limitation of the equipment.
ACCIDENT REPORTING & INVESTIGATION

The Safety Coordinator will investigate all work related accidents and near miss incidents involving employees or Company property to develop preventive measures and implement corrective actions.

Employee Reporting

All employees are required to report any of the following to their immediate supervisor:

- Accidents/incidents with injury/illness or any magnitude (including first aid related cases)
- Accidents/incidents resulting in property or equipment damage of any magnitude
- Any near miss incidents that could potentially have resulted in injury/illness or property damage

Employer Reporting

This agency will report the following accidents to local, state, and federal agencies as required.

- **For TWCC:** Fatalities and accidents involving hospitalization of five (5) or more injuries will be reported within 24 hours
- **For OSHA:** Fatalities and accidents involving hospitalization of three (3) or more injuries will be reported within eight hours.
- Lost workday cases other than fatalities
  - Covered employers report to the Texas Worker's Compensation commission using form TWCC-1, Employer's First Report of Injury
  - Non-covered employers report to the Texas Worker's Compensation Commission using form TWCC-7, Non-Covered Employer's Report of Occupational Injury or Illness

The Occupational Safety and Health Administration (OSHA) form 300 will be maintained as this Company's recordable injury log. Non-recordable injuries will be maintained on a separate report and/or log.
**Accident Investigation**

The Safety Coordinator will be responsible for conducting investigations of accidents that occur in their areas or that effect employees under their supervision. Upon notification of an accident or near miss incident, the responsible supervisors will begin investigative proceedings to determine the following:

- How the accident or incident occurred
- Special circumstances involved
- Underlying, indirect, or associated causes
- Corrective actions or preventive measures and controls

Accidents and incidents involving situations where multiple supervisors are effected, (an employee of one department injured in another), will be investigated jointly. The supervisor of the area where the incident occurred will be in charge of, and be held accountable for the investigation.

**Documentation**

All activities and findings of the investigators will be documented and recorded for review. Accident investigation documentation will record as a minimum, the following information. (information is required for injury records per TWCC Rule 120.1):

- the name, address, date of birth, sex, wage, length of service, social security number, and occupation of the employee
- the reported cause and nature of the injury, the part of the body affected, and a description of any equipment involved
- the date, time, and location where the injury occurred
- the name of the employee’s immediate supervisor
- the names of any witnesses (if known)
- the name and address of the treating health care provider (if known)
- any voluntary benefits paid by the employer under the Texas Workers’ Compensation Act
PROGRAM REVIEW AND REVISION OF COMPONENTS

The Safety Coordinator or other designated representative will periodically (at least annually) review and revise the components of the Accident Prevention Plan for effectiveness and implementation. Special attention will be devoted to areas and criteria that demonstrate failure in a program component, introduction of new procedures processes or equipment. Corrective measures will be taken as needed to reemphasize or restructure the Accident Prevention Plan to perform at the optimum effectiveness.

Information will be solicited from area supervisors and employees to determine the effectiveness of each program component, and assistance in developing adjustments and corrections.
LOGS/FORMS
INSERT TWCC 1 (First Report of Injury) HERE
INSERT SUPERVISORY ACCIDENT INVESTIGATION FORM HERE
# SELF-INSPECTION FORM

Date of Inspection:  
Location of Department Inspected:  
Signature:  

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<tr>
<th>CONDITION</th>
<th>YES</th>
<th>NO</th>
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<tr>
<td><strong>1. Housekeeping</strong> - Is the work area clean and orderly?</td>
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<td><strong>2. Floors</strong> - Are floors in good condition - smooth, clear surfaces without holes, cracks, or humps?</td>
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<td><strong>3. Aisles</strong> - Are aisles and passageways clear, dry, and free of tripping hazards?</td>
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<td><strong>4. Stairways</strong> - Are stairs in good condition, with handrails, and adequate lighting?</td>
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<td><strong>5. Storage</strong> - Are materials, products, or supplies properly &amp; safely piled to a workable height?</td>
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<td><strong>6. Ladders</strong> - Are ladders provided where needed, of standard construction, &amp; in good physical condition?</td>
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<td><strong>7. Machines &amp; Equipment</strong> - Are machines &amp; equipment in safe operating condition? Are the necessary guards provided and used?</td>
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<td><strong>8. Hand Tools</strong> - Are the right tools for the job being used? Are they in good condition?</td>
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<td><strong>9. Electrical</strong> - Are all required grounds provided on power tools &amp; extension cords?</td>
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<td><strong>10. Lighting</strong> - Is adequate lighting provided in all work areas?</td>
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<td><strong>11. Eye Protection</strong> - Are all employees provided with suitable eye protection when around operations that produce flying particles?</td>
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<td><strong>12. First Aid</strong> - Are first aid supplies provided if needed?</td>
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<td><strong>13. Fire Extinguishers</strong> - Are fire extinguishers easily accessible, unblocked, &amp; properly serviced?</td>
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<td>CONDITION</td>
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<td>14. <strong>Entrances</strong> - Are entrances kept dry or provided with nonskid mats?</td>
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<td>15. <strong>Exits</strong> - Are emergency exits marked, clear, &amp; easily accessible? Are exit doors unlocked &amp; do they swing toward the outside?</td>
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<td>16. <strong>Exterior</strong> - (sidewalks, parking lots, etc.) - Are sidewalks &amp; parking lots smooth &amp; free of cracks, holes, &amp; tripping hazards?</td>
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<td>17. <strong>Signs</strong> - Are safety &amp; warning signs posted where needed?</td>
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SAFETY PROGRAM

EMPLOYEE ACKNOWLEDGMENT

EMPLOYEE NAME____________________ DATE HIRED ______________________

SOCIAL SECURITY NO.______________ DRIVER'S LICENSE____________________

The undersigned employee acknowledges that they have received, read, and understood the contents of the safety program. If unable to read, the contents of the safety program have been explained by the supervisor.

Complying with all stated Company policies, including safety, is a condition of continued employment with this Company.

________________________________________  ______________________________
 Date                                               Signature
SAFETY HAZARD REPORT

LOCATION: ___________________________  DATE: ___________________________

DAY OF WEEK: _____________  TIME: ___________________________

HAZARD DESCRIPTION:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

RECOMMENDATION:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

SIGNATURE: ___________________________
TRAINING ATTENDANCE LIST

DATE HELD: __________________________________________

PROGRAM TITLE: ______________________________________

TRAINER: ____________________________________________

The following personnel attended the training listed above:

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<th>NAME</th>
<th>SSN</th>
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TOPICS DISCUSSED

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ANNUAL REVIEW
ACCIDENT PREVENTION PLAN

DATE OF REVIEW:______________________________________________________

NEW EXPOSURES IDENTIFIED:________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

ACTION TAKEN: ________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

REVIEWED BY: ______________________________________________________

____________________________________________________________________