**COMMENT/CORRECTIVE ACTION SHEET**

**NCC INJURY & ILLNESS PREVENTION PROGRAM**

**Due June each school year on the Necessary Forms Due Date**

**Provide Corrective Actions taken since the last update in October**

**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.

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| **Inspection**  **Reference** | **Comment or Identified Problem** | **Corrective Action Priority**  **Immediate** Date Complied **Routine** Date Complied | | | |
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NCC 08/14 Form 2-I