**COMMENT/CORRECTIVE ACTION SHEET**

**NCC INJURY & ILLNESS PREVENTION PROGRAM**

**Due each October with School Inspection Form**

**Due each year in June with Safety Report**

**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 07/10 Form 2-I