



**UNIVERSITY OF DELAWARE  
ILLNESS/INJURY LOSS INVESTIGATION REPORT**

**Corrective Actions**

*What corrective actions have been or will be taken to prevent a re-occurrence of this incident?*

*Who is responsible to implement corrective actions?*

*Have the corrective actions been completed?*    Yes                      No                      Not Applicable

*If "No", when will corrective actions be completed?*

**Reviewer Routing**

	Name	Review Date	Comments
Supervisor/ Principal Investigator			

Safety Chair

**EH&S Representative**  
*(final copy of this report  
should be placed in the  
appropriate Safety  
Committee folder)*