



## Corrective Action Plan Verification Form

### **Source of Hazard Identification:**

- ☐ DRPT Audit    ☐ Internal Audit    ☐ DRPT Inspection    ☐ Event Investigation  
☐ HRT Drill/Exercise    ☐ Hazard Management    ☐ Other

**Date Identified:**

**CAP Number:**

**Location:**

**Description of Finding(s):**

**Proposed CAP(s):**

**Assigned Department/Person:**

**Planned Completion Date:**

**CAP Approval Date:**

**CAP Resolution:**

**Date Completed:**

**Meetings/Discussions:**

**Documentation Included:**

**On-site Verification Included:**

HRT Safety and Security: (Sign/Date) \_\_\_\_\_

DEPT. \_\_\_\_\_: (Sign/Date) \_\_\_\_\_

Adopted/Closed by SSO: (Sign/Date) \_\_\_\_\_