**HAZARD CONTROL LOG**

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| DEPARTMENT: AGENCY: |
| LOCATION: DATE: / / |
| DATE | HAZARD | IMMEDIATE TEMPORARY CONTROL | LONG-TERM SOLUTION | HAZARD DETECTED | PRIORITY | SCHEDULED/DATE COMPLETION |
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| HAZARD NOT CORRECTED AFTER 30 DAYS SEND LOG TO: OFFICE OF RISK MANAGEMENT, LOSS PREVENTION SECTION P. O. BOX 94095 BATON ROUGE, LOUISIANA 70804-9095 | SAFETY PAYS |  PRIORITY E = EMERGENCY C = ONE MONTH A = TODAY D = THREE MONTHS B = ONE WEEK  |
| REVIEWED BY: DATE: / / / REVIEWED BY: DATE: / /  |