

Duke University and Medical Center Hazard Identification and Tracking Sheet		
Department:	Deficiency Number:	
Component Name:	Component Code:	
Building Name:	Building Number:	
Hazard Location	Observation Date:	
Observations:		
Days to Correct:		
Reference:	Hazard Classification:	Priority:
Recommendations		
Initiate Action to correct deficiency by this date:		
Evaluator:	Survey Number:	
Corrective Action Taken:		
Signature;	Date:	

When this deficiency is corrected or abated, sign and date a copy of this sheet and return to the Occupational

Supplement A

and Environmental Safety Office (OESO), Box 3914-DUMC, or Fax to 681-5916

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