



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) _____