Corrective Action Effectiveness Verification

A practical check before closing the loop

VirtuOHS

Use once a corrective action has been in place long enough to see how it performs during real work. The goal is to confirm it works, not just that it was completed.

01 ACTION DETAILS

SOURCE

☐ Inspection ☐ Incident investigation ☐ Near-miss investigation ☐ Health and Safety Committee ☐ Worker concern ☐ Other _____

ORIGINAL HAZARD OR CONCERN

UNDERLYING CAUSE IDENTIFIED

CORRECTIVE ACTION TAKEN

TYPE OF CONTROL

☐ Elimination ☐ Substitution ☐ Engineering ☐ Administrative ☐ PPE

REFERENCE #

ACTION OWNER

DATE IMPLEMENTED

DATE VERIFIED

02 VERIFY THE RESULT

		YES	NO	N/A	NOTES
01	Was the action implemented as intended?	☐	☐	☐	
02	Does it address the original hazard and its underlying cause?	☐	☐	☐	
03	Does the control hold up under normal and pressured conditions (time pressure, short staffing, shift changes, non-routine tasks)?	☐	☐	☐	
04	Can affected workers explain the change and show how they apply it?	☐	☐	☐	
05	Were affected workers consulted, and does their feedback support the change?	☐	☐	☐	
06	Has the action avoided creating new or uncontrolled hazards?	☐	☐	☐	
07	Is the control still being used as intended when it isn't being checked? (observed, not assumed from procedures or training)	☐	☐	☐	
08	Has the outcome been shared with the Health and Safety Committee or representative?	☐	☐	☐	
09	Does anything learned here need to go back into the hazard assessment, procedures or program?	☐	☐	☐	

Any "No" should be explained in the notes and carried into Section 03.

03 EVIDENCE AND NEXT STEPS

HOW WAS THIS VERIFIED? (check all that apply)

☐ Observed the work ☐ Spoke with workers ☐ Workplace inspection ☐ Reviewed records ☐ Testing or measuring ☐ Other _____

Records support a finding but shouldn't be the only basis. Include at least one direct method (observation, worker conversation, testing).

WHAT DID YOU FIND? (evidence, observations, worker feedback)

FURTHER ACTION NEEDED | **ASSIGNED TO** | **DUE DATE**

04 VERIFICATION OUTCOME

☐ **Effective:** ready for closure

☐ **Partially effective:** further action required, keep open

☐ **Not effective:** reassess the hazard and select a different control, keep open

☐ **Follow-up scheduled:** next check date _____

BASIS FOR THIS DECISION

05 SIGN-OFF

VERIFIED BY | **ROLE**

SIGNATURE | **DATE**

REVIEWED BY (supervisor) | **DATE**

If an uncontrolled hazard is identified, assess the risk and put protective measures in place before work continues.