**Table D: Assessment of the Employer’s Written Schedule for Implementing Process Hazard Analysis Recommendations (Optional)**

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| --- | --- | --- | --- |
| **Spot-check location** | **Describe the recommended action item, including the estimated completion date**  29 CFR 1910.119 (e)(5) | **Was the Action Item Completed?**  **Yes/No**  29 CFR 1910.119 (e)(5) | **Additional Evaluation Findings/Corrective Actions** |
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