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

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1218-0110

Expiration: 4-30-28