

California State University Long Beach  
 Injury and Illness Prevention Program

## Report of Corrected Safety Violation

EHS Inspection Date	Violation Correction	Dept/College Administrator Initial

**I certify that the above corrections have been completed:**

\_\_\_\_\_

\_\_\_\_\_

Dept./College Appropriate Administrator          Date

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**EHS Acknowledgement of Violation Correction:**

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EHS Appropriate Administrator