



**NEW YORK STATE UNIFIED COURT SYSTEM**  
**DIVISION OF HUMAN RESOURCES**  
**WORK-SAFE OFFICE**

**WORKPLACE SAFETY ASSESSMENT ACTION PLAN**

**INSTRUCTIONS:** COMPLETE ONE FORM FOR EACH WORKPLACE SAFETY RISK IDENTIFIED BY THE WORKPLACE SAFETY ASSESSMENT. PROVIDE SUFFICIENT DETAIL.

WORK LOCATION AND IDENTIFIED RISK PRIORITY	
<b>COURTHOUSE/FACILITY</b>	<b>ACTION PLAN COMPLETED BY:</b> Print Name and Title  <b>SIGNATURE</b>  <b>DATE</b>
<b>DATE OF ASSESSMENT</b>	<b>LOCATION/AREA OF CONCERN</b>
<b>IDENTIFIED RISK</b>	
<b>REQUIRED ACTION(S)</b>	
WORK-SAFE OFFICE USE ONLY	
<b>MITIGATION</b> <input type="checkbox"/> Immediate <input type="checkbox"/> Long Term <input type="checkbox"/> Not Applicable (explain)	
<b>DATE RESOLVED</b>	
<b>COMMENTS</b>	