NC ANNUAL INCIDENT PROGRAM EVALUATION REPORT

Date of Evaluation: / /	**Evaluated By (list all present):**
Written Program Reviewed: ☐ Yes ☐ No	

Do completed incident investigation records indicate a need for additional manager, supervisor or employee training on the incident investigation program? ☐ Yes ☐ No

Is there any pattern of excessive time between:

1. **Incident occurrence, reporting to the supervisor (lag time) and the completion, submission and receipt of the incident investigation form?** ☐ Yes ☐ No
2. **Determining corrective actions and implementation of those controls?** ☐ Yes ☐ No
3. **The beginning and completion of implementation of controls?** ☐ Yes ☐ No

If yes, what corrective action is needed?

The following content was added/modified/removed from the written program:

Comments:

Program Administrator	**Signature**	**Date** / /