Deficiency correction report

Report date: _____

Responsible persons: _____

Deficiency category (S or M)	*	Location	Deficiency & plan for correction	Responsible party	Correction schedule & interim status	Date complete

S = significant deficiency, **M** = minor deficiency (a deficiency is or may be a threat to health or safety)
* Check if repeat deficiency

If you have a safety or risk management question or a suggestion for a topic, please contact Markel's Risk Management Department at safety1st@markelcorp.com.

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