



The University of Western Ontario MSD Prevention Program

Selected Control(s) Summary: Project List – Form 3B

Area: _____ Date: _____

Provide a copy of this Project List to the Unit Manager/Supervisor of the area for discussion and implementation of the recommended hazard controls to prevent MSDs.

1) Concern:
Solution: (i)
Follow up completed on:
2) Request:
Solution: (i)
Follow up completed on:
3) Concern:
Solution(s): (i)
Follow up completed on:
4) Concern:
Solution: (i)
Follow up completed on:
5) Concern:
Solution: (i)
Follow up completed on:
6) Concern:
Solution: (i)
Follow up completed on:
7) Concern:
Solution: (i)
Follow up completed on:

8) Request:
Solution: (i)
Follow up completed on: