Health and Safety Inspection: Action Plan

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| **Area(s) inspected:** |  | | | **Inspected by:** | |  | | | | **Date:** |  |
| **Responsible manager**  (e.g. Head of Department / Section) | | **Name:** |  | | **Signed:** | |  | | | **Date:** |  |
| **Area for improvement** | | **Action needed** | | | **Who will take action** | | | **Priority**  **H, M , L** | **Target Date** | | **Date achieved** |
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| **This action plan will be reviewed by (name and job role):** | | |  | | | | | |
| **Planned review dates:** |  |  | |  |  |  |  |  |
| **Once reviewed initial to confirm:** |  |  | |  |  |  |  |  |