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:** |  |  |  |  |  |  |  |