CORRECTIVE ACTION PLAN

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| --- | --- | --- | --- |
| **Org Unit/Location:** |  | **Audit / Inspection Date:** |  |
| **Head of Section:** |  | **Safety Advisor (WHSC):** |  |
| **Facility Manager:** |  | **Safety Rep (HSR):** |  |

***Notes:***

* Refer to PPL 2.30.01 Occupational Health and Safety Risk Management to determine risk rating/priority.
* Corrective Action Plan should be submitted to the relevant Faculty/Institute/Division OHS Committee, and remain on agenda until all matters are resolved.

| **Item** | **Recommendations**(Identified Hazards / OHS System Deficiencies) | **Proposed Corrective Action** (By audited area) | **Priority**(Risk Rating) | **Person Responsible for follow-up** | **Nominated Completion Date** | **Status** |
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