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| C:\Users\susanb\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\PRIMARY_A_Vertical_Housed_RGB.PNG | Health & Safety  health AND safety action plan |

| Ra No./ERMS Ref: | Date: | Version No.: | Review Date: | Authorised by: |
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| STEP 1 – ENTER INFORMATION ABOUT THE ACTIVITY/TASK, ITS LOCATION AND THE PEOPLE COMPLETING THE RISK ASSESSMENT |
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| Location name: | Building No.: | Room No.: | Date: | Prepared by: | HSR/Employee representative: |
| Associated Risk Assessment No.: | Employees undertaking the activitiy: | | | | |
| Description of how the plant/equipment is used or the activity: | | | | | |

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| STEP 2 – health & safety action plan |

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| Where additional and/or proposed controls have been identified in a health and safety risk assessment complete the Health & Safety: Action plan.   * Order the controls into **short term, medium term** and **long term risk control priorities**; * List the **proposed control** against the relevant **category**; * Identify the **person responsible** for the proposed control; * Review the Health & Safety: Action plan regularly and update the **progress** status for each proposed control; and * Identify the **due date** for the additional and/or proposed controls to occur. |

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| Short Term Risk Control Priorities | | | | | |
| **No.** | **Category** | **Proposed Control** | **Person Responsible** | **Progress** | Due Date |
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| Medium Term Risk Control Priorities | | | | | |
| **No.** | **Category** | **Proposed Control** | **Person Responsible** | **Progress** | Due Date |
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| Long Term Risk Control Priorities | | | | | |
| **No.** | **Category** | **Proposed Control** | **Person Responsible** | **Progress** | Due Date |
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| STEP 3 – consultation process | | | | |
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| Determine the person responsible for reviewing and implementing the Health & Safety: Action plan.  Obtain the authorisation of the management representative.  Ensure the HSR (if applicable) has been consulted. Ensure the employees undertaking the activity have been consulted.  **Record below the names of the persons consulted.** | | | | |
| Management representative |  | | HSR/Employee representative |  |
| Employee(s) |  | | Employee(s) |  |
| Employee(s) |  | | Employee(s) |  |
| Person Responsible for implementation or escalation | |  | | |

| STEP 4 – complete the impleMEntation of the plan | | |
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| On the completion and review of the Health & Safety Action Plan, the responsible **management representative** **signs off** the following declaration.   1. The controls have been implemented as described. 2. The controls have eliminated or reduced the risk. | | |
| Management representative name: | **Signature:** | **Date:** |

For use in conjunction with the [Health & Safety: Risk management requirements](https://safety.unimelb.edu.au/__data/assets/pdf_file/0009/4708161/health-and-safety-risk-management-requirements.pdf)

For further information, refer to <https://safety.unimelb.edu.au/safety-topics/management-systems/implement> or contact your [Health and Safety Business Partner.](https://safety.unimelb.edu.au/health-and-safety-contacts)