Health and Safety Action Plan – Following an Enforcement Officer Visit

Point of Contact : Name Telephone Number :

Item Number	Issue to be addressed	Proposed action	Action By Named Person/Company	Target date	Completion Date	Signature

Comments:
$M: \PPP\Common\IT\IT\ from\ U\ Drive\Web\Publications\eh\HnS\Nursery\ project\Health\ and\ Safety\ Action\ Plan\ proforma. doc$