

# AUDIT PROGRAM

## Corrective Action Plan

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