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| Webster University | Health & Safety health AND safety action plan |

| 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:      | Chemical Hygiene Committee 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 this 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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|       |       |       |       |       |       |
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| STEP 3 – consultation process |
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| Determine the person responsible for reviewing and implementing this Health & Safety Action plan.Obtain the authorisation of the Department Chair.Ensure the Chemical Hygiene Committee and/or Biosafety Committee (if applicable) has been consulted. Ensure the employees undertaking the activity have been consulted.**Record below the names of the persons consulted.** |
| Department Chair |       | Chemical Hygiene/Biosafety Committee 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 **Department Chair** **signs off** the following declaration.1. The controls have been implemented as described.
2. The controls have eliminated or reduced the risk.
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| Department Chair name:       | **Signature:**       | **Date:**       |

For use in conjunction with the Chemical Risk Assessment Form.

For further information, refer to [URL for Safety Page] or contact the Chemical Safety Officer.