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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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| 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. | | |
| 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.