**University of St Andrews**

**Accident Investigation Action Plan - Template 2019**

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| **School / Unit** |
| **Name of Person Compiling Report** |
| **Date of Action Plan** |
|  |  |  |  |  |  |  |  |  |  |
| **Recommendation Number** | **Hazard / Risk****identified in the Accident Investigation Report** | **Control measures to be implemented** | **Who would be responsible for implementing this control measure** | **Timescale for control measure to be implemented** | **Date control measure implemented****(Completion)** |
| ForexampleEHSS/19/01 |  |  |  |  |  |
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