**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)** |
| Forexample  EHSS/19/01 |  | | |  | |  | | |  |  |
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