



Action plan

Name _____ Date _____

Hospital _____ Ward _____

Additional information _____

Section and module completed _____

Environmental recommendation (requiring action)	Describe required action and location (for example, room number or ward)	Priority	Person responsible for action	Useful tools/tips	Date action achieved
		<input type="checkbox"/> Urgent <input type="checkbox"/> Within six weeks <input type="checkbox"/> Within six months <input type="checkbox"/> Reliant on capital funding			
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