### ACTION PLAN OVERVIEW FORM

PREPARED

Date: \_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PRIORITY**  **1, 2, 3** | **PROBLEM** | **CAUSE** | **SOLUTION** | **RESPONSIBLE** | **TIMETABLE**  COMMENCEMENT, CONCLUSION AND FOLLOW-UP | **ARE THERE OTHERS WHO SHOULD BE INVOLVED? WHO?**  INTERNAL AND/OR EXTERNAL | **PROBLEM SOLVED**  (YES + DATE) |
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Date and signature of management representative: Date and signature of working environment representative(s)

(companies with at least 10 employees):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and signature of employee representative:

(companies with fewer than 10 employees):