

### Section C – Remedial action to be taken

Remedial steps that should be taken, in order of priority;	Person responsible for implementing controls	Target implementation date	Completed Y/N
1			
2			
3			
4			
5			
6			
7			
8			
Date by which actions should be completed:			
Date for review of assessment:			
Assessor's name:		Signature:	

**TAKE ACTION ... AND CHECK THAT IT HAS THE DESIRED EFFECT**