**SAFETY MANAGEMENT SYSTEM ACTION PLAN**

Local Government:

Date of Audit:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Recommendations** | **Assigned To** | **Target Completion Date** | **Date****Completed** | **Reviewed By** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |

Local Government Designate Date

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