



CAMPBELLTOWN CITY BAPTIST CHURCH INTERNAL AUDIT PROGRAM

Corrective Action Plan

Audit Location:		Audit Date:	
Responsible Person:		Contact:	Report Date:
			Audit Team:
WHSO:		Contact:	Audit Team Contact:

#	Identified Hazards / WHS System Deficiencies	Proposed Corrective Action (by audited area)	Priority (Risk Rating)	Person Responsible for follow-up	Nominated Completion Date	Status