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Fire Risk Assessment Action Plan
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Plan Managed by:		Document Downloaded:	
Job Title:		Initiated:	
Department/Location:		By:	

FHRA No.	Action to be taken		Target Date	Completion Date	Initials

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Periodic Review Dates Monthly / Reviewed by

1	2	3
7	8	9

Date / Initials)

	5	6
	11	12