# Action plan

## **[*Fill in the name of the action plan here*]**

|  |  |
| --- | --- |
| **Description of action plan objectives:*** [*Give a concise list of objectives that should be achieved by completing this action plan*]
 | **Developed by:** [*fill in the name of the person that developed the action plan*] |
| **Date and initials laboratory supervisor:**[*if the laboratory supervisor agrees with this action plan, he/she should sign here and write the date on which he/she signed*] |
| **Action point no.** | **Description of the action points** | **Desired result** | **Task assigned to** | **Deadline realization** | **Date realization and initials** |
| 1. | [*describe what needs to be done*] | [*describe the desired output for completing this action point*] | [*name of person assigned to complete this action point*] | [*date on which this action point must be completed*] | [*when this action point is completed, it should be signed off here*] |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  |  |
| 10. |  |  |  |  |  |
|  | **Date:** | **Signature:** |
| **Date and signature of the laboratory supervisor when all action points have been completed:** |