



HERS Portfolio Personal Action Plan

(Sector Scheme 8 Highway Electrical Registration Scheme for the Registration of Authorised Persons)

Name of Employee:	
Occupational Title:	
Date:	

Qualified Supervisor (QS) / Authorising Officer (AO)	Site Assessment / Observation Reference (if any):		
	Reason for Action Plan:		
	Recommended Action:		
	QS / AO Name:	QS / AO Number:	
	QS / AO Signature:		

Authorising Officer (AO) / Responsible Manager (RM)	Approved Corrective Action:			
			Date Planned:	
	Approved by (Name):		Position:	
	Signature:			
	Further Site Assessment: <i>(where applicable)</i>	Date Planned:	Date Completed:	
	Satisfactory Completion:	Signature:		
	Action Completion:			
	AO / RM Name:		AO Number:	
	AO / RM Signature:			