



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:				