

Date Received:

Action Plan	Who	By When	Date Completed

CLOSURE

Evaluation (If appropriate, describe how action/improvements were evaluated and the result):

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.....
.....
.....

Outcome or end result: (Tick applicable boxes)

- Issue resolved – no improvements implemented
- Improvement implemented
- Other (describe)
.....
.....

CLOSED OUT / COMPLETE

QAS Committee Board Representative's Signature.

Date:.....