### Continuous Improvement Report

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| Raised By:  |
| Report No: | Date Raised: |
| **SECTION 1 – Initiating person** |
| Why is the report being raised? |
| **SECTION 2 – Initiating person** |
| What is your suggested improvement? |
| **SECTION 3 – Committee** |
| What are the agreed actions to be taken? |
| Person responsible:  |
| Action required by: | Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position:  |
| **SECTION 4 – Person responsible** |
| What are the initial outcomes of the actions taken?Comments: |
| SECTION 5 – Director |
| Have the actions taken been completed and proved effective? Is there any additional action required?Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ |
| SECTION 6 – Committee |
| Have the completed actions produced the required improvement?Are there any additional actions required?Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |