### 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |