

Safety Group Name:	
Firm Name:	Firm Number:
WSIB Account #:	Date (dd/mmm/yyyy):
Completed by:	Telephone:



Safety Group Action Plan

Element (Chosen from Achievement List)	Current Status (from Workplace Assessment)	Objectives for year	Responsibility	Completion Date (dd/mmm/yyyy)
Leadership: <input type="checkbox"/> Check if Group Element	<input type="checkbox"/> Set Standard <input type="checkbox"/> Communicate <input type="checkbox"/> Train <input type="checkbox"/> Evaluate <input type="checkbox"/> Acknowledge Success			
Organization or Hazard Recognition & Assessment: <input type="checkbox"/> Check if Group Element	<input type="checkbox"/> Set Standard <input type="checkbox"/> Communicate <input type="checkbox"/> Train <input type="checkbox"/> Evaluate <input type="checkbox"/> Acknowledge Success			
Other: <input type="checkbox"/> Check if Group Element	<input type="checkbox"/> Set Standard <input type="checkbox"/> Communicate <input type="checkbox"/> Train <input type="checkbox"/> Evaluate <input type="checkbox"/> Acknowledge Success			
Other: <input type="checkbox"/> Check if Group Element	<input type="checkbox"/> Set Standard <input type="checkbox"/> Communicate <input type="checkbox"/> Train <input type="checkbox"/> Evaluate <input type="checkbox"/> Acknowledge Success			
Other: <input type="checkbox"/> Check if Group Element	<input type="checkbox"/> Set Standard <input type="checkbox"/> Communicate <input type="checkbox"/> Train <input type="checkbox"/> Evaluate <input type="checkbox"/> Acknowledge Success			
Senior Management Signature:		Joint Health & Safety Representative (Optional)		