

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



Safety Group Progress Report

Element (from Achievement List)	Has a standard been set?	Has the standard been communicated?	Has applicable training been completed?	Has the element been evaluated or an evaluation plan developed?	Have you acknowledged success & made improvements?	Comments
Leadership:						
<input type="checkbox"/> Check if Group Element						
Organization or Hazard Recognition & Assessment:						
<input type="checkbox"/> Check if Group Element						
Other:						
<input type="checkbox"/> Check if Group Element						
Other:						
<input type="checkbox"/> Check if Group Element						
Other:						