



**Safety Group Year-End
Achievement Report**

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

| 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 & mad improvements? | Comments |
|---|--------------------------|-------------------------------------|---|---|---|--|
| Leadership: | | | | | | |
| <input type="checkbox"/> Check if Group Element | | | | | | <input type="checkbox"/> Documentation Attached? |
| Organization or Hazard Recognition & Assessment: | | | | | | |
| <input type="checkbox"/> Check if Group Element | | | | | | <input type="checkbox"/> Documentation Attached? |
| Other: | | | | | | |
| <input type="checkbox"/> Check if Group Element | | | | | | <input type="checkbox"/> Documentation Attached? |
| Other: | | | | | | |
| <input type="checkbox"/> Check if Group Element | | | | | | <input type="checkbox"/> Documentation Attached? |
| Other: | | | | | | |
| <input type="checkbox"/> Check if Group Element | | | | | | <input type="checkbox"/> Documentation Attached? |
| Signature: (Senior Management) | | | | Joint Health & Safety Committee Chair (Optional) | | |