

Safety Group Name	
Firm Name	WSIB Firm No.
WSIB Account No.	Date (dd/mm/yyyy)
Completed By	Telephone

### Safety Groups Action Plan

Element (Choose from Achievement List)	Current Status (from Workplace Assessment)	Objectives for Year	Responsibility	Completion Date (dd/mm/yyyy)
<b>Leadership:</b> Please include element # from workbook  Check if Group Element: <input type="checkbox"/>	<input type="checkbox"/> Set Standard <input type="checkbox"/> Communicated <input type="checkbox"/> Trained <input type="checkbox"/> Evaluated <input type="checkbox"/> Acknowledged Success			
<b>Organization or Hazard Recognition &amp; Assessment:</b> Please include element #  Check if Group Element: <input type="checkbox"/>	<input type="checkbox"/> Set Standard <input type="checkbox"/> Communicated <input type="checkbox"/> Trained <input type="checkbox"/> Evaluated <input type="checkbox"/> Acknowledged Success			
<b>Other:</b> Please include element #  Check if Group Element: <input type="checkbox"/>	<input type="checkbox"/> Set Standard <input type="checkbox"/> Communicated <input type="checkbox"/> Trained <input type="checkbox"/> Evaluated <input type="checkbox"/> Acknowledged Success			
<b>Other:</b> Please include element #  Check if Group Element: <input type="checkbox"/>	<input type="checkbox"/> Set Standard <input type="checkbox"/> Communicated <input type="checkbox"/> Trained <input type="checkbox"/> Evaluated <input type="checkbox"/> Acknowledged Success			
<b>Other:</b> Please include element #  Check if Group Element: <input type="checkbox"/>	<input type="checkbox"/> Set Standard <input type="checkbox"/> Communicated <input type="checkbox"/> Trained <input type="checkbox"/> Evaluated <input type="checkbox"/> Acknowledged Success			
<b>Signature:</b> Senior Management		Joint Health & Safety Committee Chair (Optional)		