



| | |
|--|-------------------|
| Safety Group Name Regional Construction Safety Group - DUE FEBRUARY 16, 2018 | |
| 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) |
|--|---|---------------------|----------------|---------------------------------|
| Leadership: 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 | | | |
| Organization or Hazard Recognition & Assessment: 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 | | | |
| Other: 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 | | | |
| Other: please include element # RETURN TO WORK: 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 | | | |
| Group Element: please include element # A. 2 H&S Objectives 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 | | | |

| | |
|--|---|
| Signature: Senior Management Please print form & sign before returning. | Joint Health & Safety Committee Chair (Optional) Please print form & sign before returning. |
|--|---|

