

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)
Leadership: 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: 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: 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: 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: 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	Joint Health & Safety Committee Chair (Optional)