



Safety Group Name	
Firm Name	WSIB Firm No.
WSIB Account No.	Date

Action Plan 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: Check if Group Element: <input type="checkbox"/>						
Organization or Hazard Recognition and Assessment: Check if Group Element: <input type="checkbox"/>						
Other: Check if Group Element: <input type="checkbox"/>						
Other: Check if Group Element: <input type="checkbox"/>						
Other: Check if Group Element: <input type="checkbox"/>						