

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>	<input type="checkbox"/> Set Standard <input type="checkbox"/> Communicated <input type="checkbox"/> Trained <input type="checkbox"/> Evaluated <input type="checkbox"/> Acknowledged Success			
Check if Group Element: <input type="checkbox"/>				
<b>Organization or Hazard Recognition &amp; Assessment:</b>	<input type="checkbox"/> Set Standard <input type="checkbox"/> Communicated <input type="checkbox"/> Trained <input type="checkbox"/> Evaluated <input type="checkbox"/> Acknowledged Success			
Check if Group Element: <input type="checkbox"/>				
<b>Other:</b>	<input type="checkbox"/> Set Standard <input type="checkbox"/> Communicated <input type="checkbox"/> Trained <input type="checkbox"/> Evaluated <input type="checkbox"/> Acknowledged Success			
Check if Group Element: <input type="checkbox"/>				
<b>Other:</b>	<input type="checkbox"/> Set Standard <input type="checkbox"/> Communicated <input type="checkbox"/> Trained <input type="checkbox"/> Evaluated <input type="checkbox"/> Acknowledged Success			
Check if Group Element: <input type="checkbox"/>				
<b>Signature:</b> Senior Management	Joint Health & Safety Committee Chair (Optional)			