



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

Year-End Achievement 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"/>						<input type="checkbox"/> Documentation Attached
Organization or Hazard Recognition and Assessment:						
Check if Group Element: <input type="checkbox"/>						<input type="checkbox"/> Documentation Attached
Other:						
Check if Group Element: <input type="checkbox"/>						<input type="checkbox"/> Documentation Attached
Other:						
Check if Group Element: <input type="checkbox"/>						<input type="checkbox"/> Documentation Attached
Other:						
Check if Group Element: <input type="checkbox"/>						<input type="checkbox"/> Documentation Attached