

Safety Group Name Regional Construction Safety Group - DUE FEBRUARY 19, 2019	
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 # D 32 Psychological Health & Safety 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)
Please print form & sign before returning.	Please print form & sign before returning.