

COMPANY:	CONTACT:	DATE:
action plan Year # _____		

TOPICS: **EACH TOPIC MUST FIT INTO 1 of 5 CATAGORIES** (specified at end of form)

1
2
3
4
5

Questions for choosing topics:

What hazards have controlled risks? **needs to be addressed immediately? **risk assessment? Each topic	1. 2. 3. 4. 5.
What hazards are leading to injuries and illnesses in the workplace? Each topic	1. 2. 3. 4. 5.
How did company score in culture survey and what topics support improvements? Each topic	1. 2. 3. 4. 5.
Are you missing key elements of a healthy and safe workplace? Each topic	1. 2. 3. 4. 5.
What part of H+S program or mgmt. system is broken? Each topic	1. 2. 3. 4. 5.
Are there any compliance assistance or orders received from MOL, training and skills development? Each topic	1. 2. 3. 4. 5.
New legislation, regulations or codes impacting you? **this is a priority in choosing EACH topic	1. 2. 3. 4. 5.



**Category 1: Selecting a topic that represents a health and safety initiative that is new to the business**

**Topics that fall under 1:** \_\_\_\_\_

**Category 2: Significant gap in effectiveness of a health and safety initiative**

**Topics that fall under 2:** \_\_\_\_\_

**Category 3: Significant change in the workplace:**

**Topics that fall under 3:** \_\_\_\_\_

**Category 4: Repeating Control of Hazards program topic**

**Topics that fall under 4:** \_\_\_\_\_

**Category 5: Selecting a program topic identified as incomplete or deferred by the business**

**Topics that fall under 5:** \_\_\_\_\_