

Safety Group Name	
Firm Name	WSIB Firm No.
WSIB Account No.	Date (dd-mm-yyyy)
Completed By	Telephone

Action Plan Progress Report

Element (from Achievement List)	Has a written 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: ☐						
Organization or Hazard Recognition and Assessment:						
Check if Group Element: ☐						
Other:						
Check if Group Element: ☐						
Other:						
Check if Group Element: ☐						
Other:						
Check if Group Element: ☐						