**HEALTH AND SAFETY MANAGEMENT CHECKLIST AND ACTION PLAN**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Task | Impact of Change | Yes/No/N/A | Action required to maintain or improve safety | Responsible Party | Target date |
|  | Change of level of workplace supervision. |  |  |  |  |
|  | Affect how safety data including performance data is collected, analyzed or reported. |  |  |  |  |
|  | Required revisions to Job Descriptions. |  |  |  |  |
|  | Affects clients or community |  |  |  |  |
|  | Affects other corporate policies |  |  |  |  |
|  | Affects how other corporate policies are administered. |  |  |  |  |
|  | Require new or changes to safety training programs. |  |  |  |  |
|  | Require changes to training videos, manuals etc. |  |  |  |  |
|  | Require change in safety procedure, practices which will require additional or new training. |  |  |  |  |
|  | Require Training of existing employees in procedure and practices that will be considered new to them. |  |  |  |  |
|  | Require changes in worksite job training. |  |  |  |  |
|  | Require changes in record keeping functions. |  |  |  |  |
|  | Requires communication and training to implement the change. |  |  |  |  |