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

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| --- | --- | --- | --- | --- | --- |
| 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.  |  |  |  |  |