Approved Form

OMB Number: 1218-XXXX

Expiration Date: XX-XX-2026

| **Paperwork Reduction Act Notice** Persons are not required to respond to this collection of information unless it displays a valid OMB control number. The Occupational Safety and Health Administration (OSHA) requires that State On-Site Consultation program Consultants assist small business employers participating in SHARP with developing an Action Plan with goals and timelines to assure the continuous improvement of their workplace safety and health program; and to assist small business employers participating in Pre-SHARP with developing an Action Plan with goals to correct deficiencies in their safety and health program implementation. The Optional Safety and Health Program Action Plan Tool is a supplemental resource that small business employers may use and is not a requirement for receiving any Consultation service or participating in SHARP or Pre-SHARP.Consultants must have a completed Action Plan developed in collaboration with the employer before the Consultation Program Manager who oversees a State On-Site Consultation program recommends an applicant for participation in SHARP or Pre-SHARP.In accordance with 29 CFR 1908.6(h)(1) and (2), Consultants must preserve the confidentiality of information obtained as a result of a consultative visit, including information that contains or might reveal a trade of secret of the employer. OSHA estimates that it will take each employer and Consultant an average of 4 hours to collaborate in developing the Action Plan.The implementation of the Action Plan will assist SHARP and Pre-SHARP participants with continuing to maintain a safe and healthful workplace for their workers.Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Office of Small Business Assistance, Occupational Safety and Health Administration, Room N-3660, 200 Constitution Avenue, NW, Washington, DC 20210. |
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**Appendix F

Occupational Safety and Health Program Action Plan Template**

NOTES:

1. The first page of this Action Plan (containing the instructions below) will be printed on the Consultation program’s letterhead.
2. Consultation programs should review the Safety and Health Program Resource List on the On-Site Consultation Program’s limited access web page.
3. Each workplace is different, therefore, an Action Plan must be site specific.
4. F-1 – is the Action Plan Template for Consultation programs to use for SHARP or Pre-SHARP participants. Although the template shows only Goal 1 for all safety and health program elements listed, Consultation programs will expand the template as necessary to include all identified goals (e.g., Goal 1, 2, etc.). Suggested action items for accomplishing a goal should be listed under “recommendations.” Consultation programs may also use this template to develop Action Plans for establishments that are not participating in SHARP or Pre-SHARP, to help those employers identify goals for improving workplace safety and health as well as how to achieve them.
5. F-2 – is an optional Action Plan tool that employers may use to execute the action items for achieving goals at their establishments and/or send status updates to the Consultation program.

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**Instructions**

**Pre-SHARP Participation Requirements**

This Action Plan outlines the necessary action items and time frames for completing them, in order for your company to achieve the safety and health goals and objectives for addressing deficiencies in your Safety and Health Program and attain the Safety and Health Achievement Recognition Program (SHARP) status. All portions of this Action Plan must be completed by the conclusion of the deferral period granted by the Regional Administrator or State Designee.

Based on your present Total Recordable Case (TRC) and Days Away, Restricted, or Transferred (DART) rates, as well as the mutually agreed upon goals and timeframes for achieving them, you must submit progress reports describing your activities and the completion of your goals in the Action Plan on \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_, and \_\_\_\_\_\_\_\_\_\_\_\_\_ to the Consultation Program Manager (CPM), and meet all requirements for Pre-SHARP participation, to continue in the programmed inspection deferral status.

If you are not able to accomplish a goal in the determined timeframe, you must contact the CPM to request an extension of the timeframe for achieving that specific goal. Please note that your Deferral Period is not to exceed a total of 18 months, including extensions, from the last hazard correction due date. Do not hesitate to contact the Consultation program for technical assistance.

**SHARP Participation Requirements**This Action Plan outlines measures for achieving your organization’s safety and health goals and objectives for continuous workplace safety and health improvement. You are responsible for diligently implementing, reviewing, and updating the Action Plan. Changes to the Action Plan must be coordinated with the Consultation program. Do not hesitate to contact the Consultation program for technical assistance.

**F-1: Action Plan Template for SHARP or Pre-SHARP Participation**

Establishment Name: Establishment Address:

Consultation Visit Number: Consultation Visit Date(s):

Last Hazard Correction Due Date:

**Safety and Health Program Goals**

Management Leadership:

Goal 1:

Recommendations:

To be completed by:

Employee Participation:

Goal 1:

Recommendations:

To be completed by:

Hazard Identification and Assessment:

Goal 1:

Recommendations:

To be completed by:

Hazard Prevention and Control:

Goal 1:

Recommendations:

To be completed by:

Safety and Health Education and Training:

Goal 1:

Recommendations:

To be completed by:

Safety and Health Program Evaluation and Improvement:

Goal 1:

Recommendations:

To be completed by:

**Total Recordable Case (TRC) and Days Away, Restricted, or Transferred (DART) Goals**

|  | **TRC Rate** | **DART Rate** |
| --- | --- | --- |
| **Current Employer’s Incident Rate Data** |  |  |
| **Bureau of Labor Statistics (BLS) Average Rates for the North American Industry Classification System (NAICS) Code**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| **Percentage Above the BLS Rates for the NAICS Code** |  |  |
| **Incident Rate Reduction Goals** |  |  |