|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **F-2: Optional Safety and Health Program Action Plan Tool for Implementation at Workplaces**  **Action Plan**  Establishment Name: Address: Visit Date(s): Last Hazard Correction Due Date: | | | | | | | |
| **Goals**  (your overall aim) | **Objectives**  (specific achievements to reach a goal) | **Action Items**  (the tasks that you need to do to meet your objectives) | **Employees Assigned Tasks** | **Projected Completion Dates** | **Actual Completion Dates** | **Resources Needed to Accomplish Goals** | **Status Updates** |
| **EXAMPLE**  **ONLY**  1. Establish mechanisms to find and fix hazards. | a. Conduct routine inspections.  b. Conduct routine maintenance.  c. Promptly conduct repairs.  d. Assess changes/new operations before implementing them. | a. Develop a list of potential hazards and requirements for inspections and maintenance.  b. Create inspection and maintenance checklists.  c. Develop and establish routine inspection and maintenance schedules.  d. Establish procedures for requesting and completing repairs and assessing changes/new operations.  e. Supervisors and managers review and implement.  Note: Use available resources (e.g., experienced and trained employees, industry guidelines, manufacturer’s recommendations, OSHA, NIOSH tools) | a. [insert name or title of assigned employee]  b. [insert name or title of assigned employee]  c. [insert name or title of assigned employee]  d. [insert name or title of assigned employee]  e. [inset name or title of assigned employee] | a. [insert date]  b. [insert date]  c. [insert date]  d. [insert date]  e. [insert date] | a. [insert date]  b. [insert date]  c. [insert date]  d. [insert date]  e. [insert date] | 1. Allocate time to complete assigned tasks.  2. Budget funds to conduct necessary repairs and routine maintenance. | a. In-progress/ on-track for timely completion.  b. In-progress/ on-track for timely completion.  c. Completed.  d. Completed.  e. Pending completion of Action Items a and b; followed by senior management’s review and approval. |
| 2. |  |  |  |  |  |  |  |
| **Estimated Costs of Injuries and Illnesses and Impact on Profitability** ([Use OSHA $afety Pays tool](https://www.osha.gov/dcsp/smallbusiness/safetypays/estimator.html)).  Direct Costs: \_\_\_\_\_\_ Indirect Costs: \_\_\_\_\_\_\_\_ Total Costs: \_\_\_\_\_\_\_\_\_ Sales to Cover Indirect Costs: \_\_\_\_\_\_\_\_\_\_\_\_  Sales to Cover Total Costs: \_\_\_\_\_\_\_\_\_\_\_\_  *Improving workplace safety and health will eventually result in cost savings for your business.* | | | | | | | |