



2010 Advantage Programs Action Plan

Sponsor Name:	
Firm Name:	Date (dd/mmm/yyyy):
WSIB Account #:	Firm Number #:
Completed by:	Year One Year Two _____ _____ (check applicable year)
Telephone:	

Element	Current Status	Objectives for year	Responsibility	Milestone Date(s) (dd/mmm/yyyy)
Management Review	<input type="checkbox"/> Set Standard <input type="checkbox"/> Communicate <input type="checkbox"/> Train <input type="checkbox"/> Evaluate <input type="checkbox"/> Continual Improvement & Acknowledge Success			
Hazard Recognition	<input type="checkbox"/> Set Standard <input type="checkbox"/> Communicate <input type="checkbox"/> Train <input type="checkbox"/> Evaluate <input type="checkbox"/> Continual Improvement & Acknowledge Success			
Risk Assessment	<input type="checkbox"/> Set Standard <input type="checkbox"/> Communicate <input type="checkbox"/> Train <input type="checkbox"/> Evaluate <input type="checkbox"/> Continual Improvement & Acknowledge Success			
Control Activities	<input type="checkbox"/> Set Standard <input type="checkbox"/> Communicate <input type="checkbox"/> Train <input type="checkbox"/> Evaluate <input type="checkbox"/> Continual Improvement & Acknowledge Success			
Return to Work	<input type="checkbox"/> Set Standard <input type="checkbox"/> Communicate <input type="checkbox"/> Train <input type="checkbox"/> Evaluate <input type="checkbox"/> Continual Improvement & Acknowledge Success			
Senior Management Signature:		Joint Health & Safety Representative (Optional)		