|  |  |
| --- | --- |
| **Description of the Health and Safety Objective (to solve a problem, you have to admit you have a problem):** | Only 50 % of Employees are receiving a worksite orientation tour prior to starting work.The worksite tour requirements are not documented and not consistent in content. |
| **Aim of the Improvement Plan (standard to be achieved):** | By March 1, 2020 100 % of employees will receive a standardized worksite orientation tour prior to starting work. |
| **Plan Start Date:** | January 1, 2020 |
| **Plan End Date:** | December 31, 2020 |

| **Improvement Objectives***What, specifically must be done to improve performance to meet expected standards?* | **Success Criteria***How will you know when the expected standards of performance have been met?* | **Additional Support Required***What additional development or support is required in order to achieve the expected standards?* | **Review Schedule***When will progress against the improvement objective be reviewed? How will evidence of progress be collected? Who will review progress?* | **Objective Outcome***When will the final review of the plan be undertaken and by whom? What is the final outcome? What action will be taken if expected standards are not met?* |
| --- | --- | --- | --- | --- |
| Develop a standard Safety Orientation Worksite Tour Checklist which includes:* Where safety equipment is located, including first aid supplies
* Where fire exits and muster points are located
* What areas are restricted/prohibited
* Where the OHC safety bulletin board is located and an introduction or

listing of the OHC members* Site specific hazards and include a checklist for each employee that corresponds with the information within the orientation which can be signed and dated by the employee and supervisor
 | Completed Safety Orientation Worksite Tour Checklist records indicate standardized worksite orientation is completed prior to starting work.  | Human Resources and Safety to modify checklist.  | * Top management review the action plan at least quarterly.
* Top management have an opportunity to provide feedback toward progress.
* Barriers to action may be indicated as part of the progress updates.
 | Completed Safety Orientation Worksite Tour Checklist records will be implemented by March 1, 2020; completed checklists monitored until December 31, 2020 as part of the plan. Top management to complete final review and remove barriers to completion. |
| <Enter improvement objective 2> | <Detail success criteria for improvement objective 2> | <Detail the additional support required to succeed in achieving improvement objective 2> | <Detail when progress against improvement objective 2 will be reviewed, how and by whom.> | <Detail the specific consequences if the individual does not achieve improvement objective 2> |
| <…> | <…> | <…> | <…> | <…> |
|  |  |  |  |  |
| Manager: |  | Date:  | **Overall outcome if plan objectives are achieved / not achieved:**<Enter overall outcome / consequences if the Performance Improvement Plan is / is not completed satisfactorily by the plan end date.> |
|  |  |  |
|  |  |  |