

**PREVENTATIVE ACTION PLAN**



The Preventative Action Plus is intended to assist Departments in delivering and assigning specific measures to prevent recurrence of similar accidents. One or more of the following may develop the Plan:

- Immediate supervisor of injured employee
- Other management personnel within the same division
- Operations Manager/Safety Coordinator

The completed Preventive Action Plan must be submitted to Human Resources no later than fifteen (15) days from injury notification.

Review and mark all realistic areas for Preventative Action (by Management) as well as Action (by Worker) to prevent recurrence.

<p><b>IMPROVE OR MODIFY:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Work procedures, Safe work place</li> <li><input type="checkbox"/> Job hazard analysis</li> <li><input type="checkbox"/> Training, orientation</li> <li><input type="checkbox"/> Personal protective equipment</li> <li><input type="checkbox"/> Tools, equipment, machinery</li> <li><input type="checkbox"/> Guarding, safety devices</li> <li><input type="checkbox"/> Facilities, lighting, ventilation</li> <li><input type="checkbox"/> Maintenance</li> <li><input type="checkbox"/> Housekeeping</li> <li><input type="checkbox"/> Level of supervision</li> <li><input type="checkbox"/> Level of supervision</li> <li><input type="checkbox"/> Working conditions-hours</li> </ul>	<p><b>TRAIN OR COUNSEL WORKERS TO:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Follow established work procedures, Safe practices</li> <li><input type="checkbox"/> Follow training program instructions</li> <li><input type="checkbox"/> Wear required personal protective equipment</li> <li><input type="checkbox"/> Wear required clothing</li> <li><input type="checkbox"/> Use guards, safety devices properly</li> <li><input type="checkbox"/> Operate tools, equipment, machinery properly</li> <li><input type="checkbox"/> Secure, shut off, disconnect systems</li> <li><input type="checkbox"/> Stop unauthorized work, activity</li> <li><input type="checkbox"/> Stop recklessness, inattentiveness</li> <li><input type="checkbox"/> Stop horseplay with others</li> <li><input type="checkbox"/> Recognize and report hazards</li> <li><input type="checkbox"/> Use better judgment, increase awareness</li> </ul>
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Based on the preventative action list above, the Supervisor's investigation of the accident, and any ideas received from Department or Safety personnel develop a specific task that can prevent recurrence of similar accidents in the future. *(Attach sheet if necessary)*

Task #1	Assigned to: _____	Assignment Date: _____
Task #2	Assigned to: _____	Assignment Date: _____
If no action is planned, state why: _____		

Preventative Action Plan submitted by: \_\_\_\_\_

Title: \_\_\_\_\_ Date Submitted: \_\_\_\_\_