# OHS Summary Record and Action Plan

Please note the following document is a sample. Review carefully and modify this document to meet the needs and requirements of your organization.

|  |  |
| --- | --- |
| **Date summary was completed:** | **Date range for the data:** |
| **Names of person(s) who completed the summary:** | |
| **Names of person(s) involved in the review meeting:** | |

|  |  |
| --- | --- |
| **Orientations** | |
| Number of workers hired |  |
| Number of completed orientations |  |
| Numbers of incomplete orientations |  |
| **Incidents** | |
| Number of near misses |  |
| Number of report only |  |
| Number of first aid |  |
| Number of medical aid |  |
| Number of lost time incidents |  |
| Number of fatalities |  |
| **Return-to-Work** | |
| Number of lost time days |  |
| Number of workers who are able to be accommodated through return-to-work |  |
| Number of workers participating in RTW plans |  |
| Number of workers pending RTW plans |  |
| Number of workers who began RTW within six weeks of the date of injury |  |
| **Incident Investigations** | |
| Number of completed incident investigations |  |
| Number of incomplete incident investigations |  |
| Number of completed recommendations |  |
| Number of incomplete recommendations |  |
| **Workplace Inspections** | |
| Number of completed formal workplace inspections |  |
| Number of hazard or unsafe conditions identified |  |
| Number of completed recommendations |  |
| Number of incomplete recommendations |  |
| **OHS Meetings** | |
| Number of OHS meetings |  |
| Percentage of attendance |  |
| **OHS Committees** | |
| Number of OHS Committee meetings |  |
| Number of completed OHS Committee recommendations |  |
| Number of incomplete OHS Committee recommendations |  |
| **Audits** | |
| Number of internal audits |  |
| Number of external audits |  |
| Number of completed recommendations |  |
| Number of incomplete recommendations |  |
| **Other** | |
|  |  |
|  |  |
|  |  |
| **Notes from Review Meeting** | |
|  | |

**Action Plan**

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| --- | --- | --- | --- | --- | --- |
| **#** | **Action** | **Responsible Person** | **Timeline for Completion** | **Date of Completion** | **Date to Follow up for Effectiveness** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |