(Sample) Safety Solution Action Plan

Who was involved in developing this action plan? **Date:** _____

Employer / management representatives: _____

Employees and/or employee representatives: _____

_____

What can go wrong? Hazard	**How bad could it be?** Consequence	**How likely is it to go wrong?** Likelihood	**How do you currently manage the problem?**	**What do you need to solve this problem?** Plant, equipment or other solution?	**Who is responsible?**	**When will it be fixed and ready for work?**
What are the problems that could harm? (eg fall, electric shock, frequent heavy lifting) *Is the hazard part of a work place activity or task, or is it a standalone issue?*	*How seriously could a worker be affected (eg paper cut, broken limb, unconscious, fatality)*	*How often is the work activity done? (eg every day, once a week, once a month.* *Is it unlikely / likely / very likely that it could go wrong?*	No solutions in place yet Engineering *(eg machine guarding)* Isolation *(eg barriers)* Written procedures *(eg pre op check)* Informal procedures *(eg spotter)* Training *(eg team lifting)* PPE *(eg safety glasses)* Other	*After consultation, what is the best agreed solution to prevent something going wrong?*	*Manager to allocate resources? Worker and/or contractor to fix?*	*Date:*

safe business is **good** business