

SAFETY ACTION PLAN

Member:		Time Period:	
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Loss Trend Analysis – Top Office/Departments by Loss Type by % of Claims Dollars

#1 Focus Office / Department:		
#	Loss Type (Cause)	% of Claims Dollars
1		
2		
3		

#2 Focus Office / Department:		
#	Loss Type (Cause)	% of Claims Dollars
1		
2		
3		

Action Items

#1 Focus Office / Department				
Loss Types Focus				
Risk Reduction Goal				
#	Action Item	Owner's Name	Target Date	Status
1				
2				
3				

#2 Focus Office / Department				
Loss Types Focus				
Risk Reduction Goal				
#	Action Item	Owner's Name	Target Date	Status
1				
2				
3				

Please Print Name

Signature

Top Elected Official / Administrator / Manager		
Leader of #1		
Leader of #2		