

# Form

or other	School/Building
Parties Responsible for Plan Creation:	
P/VP or Supervisor:	Worker:
Additional Worker:	Additional Worker:
JOHS Worker Rep:	Additional Other:
Date the plan was created:	Date of the incident:
Created for:	
Student: Grade level:	Parent/ Guardian/ Caregiver:  Phone number:
Member of the Public: Phone Number:	Other not specified: Phone Number:
Overview of Past Behaviours:	
Is this a firsttime occurrence?	Is this a followup to a previous occurrence?
Antecedents (Root Causes):	

# Form 3 Worker Safety Plan



## Form 3: Worker Safety Plan continued

Actions to Address Behaviour		
<i>Actions to take to avoid escalation:</i>	<i>Responsible Person</i>	<i>Implementation Date</i>
1.		
2.		
3.		
4.		
5.		
<i>(Additional steps can be added as needed.)</i>		

Actions to Address Behaviour		
<i>Actions to take in escalated situation</i>	<i>Responsible Person</i>	<i>Implementation Date</i>
1.		
2.		
3.		
4.		
5.		
<i>(Additional steps can be added as needed.)</i>		
Committee Member Signoff:		Scheduled Review Date:
P/VP or Supervisor:		Worker:
Additional Worker:		Additional Worker:
JOHS Worker Representative:		Other:
Schedule Review Date:		
<i>To ensure that the review occurs, it should be evaluated within the first month after the incident and at the beginning of each school thereafter.</i>		

Completed by:

- P/VP or Supervisor, and
- Worker with knowledge and/or J26.6>BDC q 723o2 Tw 0.217 0 Td [(S)6.2 ct6rS Tw7.1 11.04 26mLBody <</MCID

# Form 3 Worker Safety Plan



## Form 3: Worker Safety Plan Review

To be completed following the review of the original Worker Safety Plan on previous pages

Committee Member Signoff:	
P/VP or Supervisor:	Worker:
Additional Worker:	Additional Worker:
JOHS Worker Representative:	Other:
Review Date:	

*Responsible Person Implementation Date*

Actions to Address Behaviour to Review			
Steps #	Actions Implemented (Yes No)	Review notes regarding status of actions	Person Responsible
<i>Actions to take to avoid escalation:</i>			
1			