

- Completed by:**
- P/VP or Supervisor
  - JOHS Worker Rep
  - Worker

# Form 3



## Worker Safety Plan

<p><b>Form 3 Details:</b>          Created for: <u>All workers that directly work with student or other</u>          Worksite: _____</p>	<p><b>Parties Responsible for Plan Creation:</b>          P/VP or Supervisor: _____          Worker: _____          JOHS Worker Rep: _____          Date: _____</p>																		
<p><b>Form 3 Created for:</b></p> <p><input type="checkbox"/> Student: _____ School: _____  <input type="checkbox"/> Parent/Guardian: _____ Phone #: _____  <input type="checkbox"/> Other: _____ Phone #: _____</p>																			
<p><b>Overview of Past Behaviour:</b>      <input type="checkbox"/> First-time occurrence    <input type="checkbox"/> Follow-up to previous occurrence(s)</p>   																			
<p><b>Root Cause(s):</b></p>   																			
<p><b>Corrective Actions to Address Behaviour/Incident:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Action</th> <th style="width: 20%;">Person Responsible</th> <th style="width: 20%;">Implementation Date</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> </tr> <tr> <td>4.</td> <td></td> <td></td> </tr> <tr> <td colspan="3"><i>(add additional steps as needed)</i></td> </tr> </tbody> </table>		Action	Person Responsible	Implementation Date	1.			2.			3.			4.			<i>(add additional steps as needed)</i>		
Action	Person Responsible	Implementation Date																	
1.																			
2.																			
3.																			
4.																			
<i>(add additional steps as needed)</i>																			
<p><b>Committee Member Sign-off:</b>          P/VP or Supervisor: _____          Worker: _____          JOHS Worker Rep: _____</p>	<p><b>Scheduled Review Date:</b> _____  <i>-Ensure first review is conducted, within, 1 month after incident and at the beginning of each school year thereafter.</i>  <i>-Please note any review changes to plan on reverse side of this page.</i></p>																		

# Form 3 (cont'd)

# Worker Safety Plan Review



*(to be completed following the review of the original Worker Safety Plan on reverse of this page)*

<b>Committee Members Reviewing Safety Plan:</b>	
P/VP or Supervisor: _____	Worker: _____
JOHS Worker Rep: _____	<b>Review Date:</b> _____

**Original Corrective Actions (OCA) Review:** *(see reverse of this page for OCA's)*

OCA #	OCA Implemented (✓ or X)	OCA Ongoing (✓ or X)	Review Notes regarding status of OCA	Person Responsible
1.				
2.				
3.				
4.				

Additional Corrective Actions Required	Person Responsible	Implementation Date
1.		
2.		
3.		
4.		
<i>(add additional steps as needed)</i>		

**Additional Notes Relevant to Review:**

<p><b>Committee Member Sign-off:</b></p> <p>P/VP or Supervisor: _____</p> <p>Worker: _____</p> <p>JOHS Worker Rep: _____</p>	<p><input type="checkbox"/> Plan does not need further revision</p> <p><input type="checkbox"/> Plan requires ongoing monitoring</p> <p><input type="checkbox"/> Plan was revised, further Review Date scheduled for: _____</p> <p><input type="checkbox"/> Plan no longer required, as of date: _____</p>
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**Provide copies to:** - Associate Superintendent (via email) - P/VP or Supervisor (to be shared with JOHS Committee)  
 -HR (cmerner@sd61.bc.ca) - District Behavioral Consultant (dmarchant@sd61.bc.ca) - Worker (**redacted**)

**File this completed form, in a binder, in a secure location in the administrator's office.**