**Form 3**

**Completed by:**

* P/VP or Supervisor
* JOHS Worker Rep
* Worker

 **Worker Safety Plan**

|  |  |
| --- | --- |
| **Form 3 Details:**Created for: All workers that directly work with student or otherWorksite:       | **Parties Responsible for Plan Creation:** P/VP or Supervisor:      Worker:      JOHS Worker Rep:      Date:       |
| **Form 3 Created for:**[ ]  Student:       School:      [ ]  Parent/Guardian:       Phone #:      [ ]  Other:       Phone #:       |
| **Overview of Past Behaviour**: [ ]  First-time occurrence [ ]  Follow-up to previous occurrence(s)      |
| **Root Cause(s):**      |
| **Corrective Actions to Address Behaviour/Incident:**

|  |  |  |
| --- | --- | --- |
| **Action** | **Person Responsible** | **Implementation Date** |
| **1.**       |       |       |
|       |  |  |
| **2.**       |       |       |
|       |  |  |
| **3.**       |       |       |
|       |  |  |
| **4.**       |       |       |
|       |  |  |
| (*add additional steps as needed)* |  |  |

 |
| **Committee Member Sign-off:** P/VP or Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_JOHS Worker Rep: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Scheduled Review Date:** *-Ensure first review is conducted, within, 1 month after incident and at the beginning of each school year thereafter.**-Please note any review changes to plan on reverse side of this page.* |

**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)*

|  |
| --- |
| **Committee Members Reviewing Safety Plan:** P/VP or Supervisor:       Worker:       JOHS Worker Rep:       **Review Date:**  |

**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.**       |       |       |
|       |  |  |
| (*add additional steps as needed)* |  |  |

|  |
| --- |
| **Additional Notes Relevant to Review:**      |

|  |  |
| --- | --- |
| **Committee Member Sign-off:** P/VP or Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_JOHS Worker Rep: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  **Plan does not need further revision**[ ]  **Plan requires ongoing monitoring**[ ]  **Plan was revised, further Review Date scheduled for:**      [ ]  **Plan no longer required, as of date:**       |

**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.**