**Form 3**

**Completed by:**

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

 **Worker Safety Plan**

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| **Form 3 Details:**  Created for: All workers that directly work with student or other  Worksite: | **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)*

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| **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)*

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

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| --- | --- | --- |
| **Additional Corrective Actions Required** | **Person**  **Responsible** | **Implementation Date** |
| **1.** |  |  |
|  |  |  |
| **2.** |  |  |
|  |  |  |
| **3.** |  |  |
|  |  |  |
| **4.** |  |  |
|  |  |  |
| (*add additional steps as needed)* |  |  |

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| **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.**