| **Reference #** | **Origin of Action( Target ,HRR etc..)** | **Description of Action**  | **Resources Required**(Specialist, personnel, equipment, financial) | **Accountability** (The person accountable for the action item) | **Timeframe for Completion** | **Status**(In progress, On hold, Complete or No Progress) | **Quarterly Status Summary** Progress against the plan should be reviewed quarterly. Please provide comments on actions taken. |
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| **Quarter 1**Jan / Feb / Mar | **Quarter 2**Apr / May / Jun | **Quarter 3**Jul / Aug / Sep | **Quarter 4**Oct / Nov / DecFinal Outcome |
| *e.g.1* | *e.g. Target – 100% of scheduled workplace inspections complete* | *e.g. Create a schedule for completing workplace inspections including assigning H&S representatives to complete each inspection. Communicate to all involved.* | *e.g. H&S representatives, Inspection checklists* | *Joe Bloggs* | *Quarter 2* | *In Progress* | *30% complete. Schedule has been created and HS representatives allocated.* |  |  |  |
| *e.g.2* | *e.g. HRR – Electrical – Use of faulty electrical equipment*  | *e.g. Appoint a third part certified vendor to test and tag all electrical equipment* | *e.g. Electrician, Purchase Order* | *Joe Bloggs* | *Quarter 1* | *Complete* | *100% complete.* *Electrician appointed and testing completed 20 February.* |  |  |  |
| e.g. | e.g. Due Diligence Checklist – acquire and keep up-to-date knowledge of HS matters | *e.g. schedule attendance of Dean/Director at local Health and Safety Committee meeting* | *e.g. Dean/Director* | Dean/Director | Quarter 3 | In Progress | Outlook appointment forwarded to Dean to attend Q3 meeting |  |  |  |
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| **School / Centre(s) Work Health and Safety Improvement Plan Approval**This work health and safety improvement plan and its associated actions, resources, accountabilities and timeframes for completion were developed in consultation with and endorsed by the Local WHS Committee and approved by the undersigned. A list of those involved in its development can be found overleaf. |
|  | **Position** | **Name** | **Signature** | **Date** |
| Local WHS Committee Chair |  |  |  |  |
| Officer - the University Executive member accountable for the School, Centre and/or Teaching Area*[delete as applicable]* |  |  |  |  |
| *[add additional Approvers if required]* |  |  |  |  |
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| **Local WHS Committee Members involved in development and endorsement of this improvement plan** | **Role/Title** |
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| **End of Year Outcome Endorsement** The end of year progress outcome against the work health and safety improvement plan actions has been reviewed and endorsed by the undersigned: |
|  | **Position** | **Name** | **Signature** | **Date** |
| Local WHS Committee Chair |  |  |  |  |
| Officer - the University Executive member accountable for the School, Centre and/or Teaching Area *[delete as applicable]* |  |  |  |  |
| *[add additional Approvers if required]* |  |  |  |  |
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