

SIX DAY SAFETY/SECURITY ACTION PLAN

FOR THE WEEK OF:

Project Name:		Jobsite Location:						Project #:
Foreman:		Crew:						
		Mon	Tue	Wed	Thur	Fri	Mon	
Task:	<input type="checkbox"/> Focus <input type="checkbox"/> Training <input type="checkbox"/> Follow-Up							
Task:	<input type="checkbox"/> Focus <input type="checkbox"/> Training <input type="checkbox"/> Follow-Up							
Task:	<input type="checkbox"/> Focus <input type="checkbox"/> Training <input type="checkbox"/> Follow-Up							
Task:	<input type="checkbox"/> Focus <input type="checkbox"/> Training <input type="checkbox"/> Follow-Up							
Looking Ahead:		When? What? <input type="checkbox"/> Focus <input type="checkbox"/> Training <input type="checkbox"/> Follow-Up		When? What? <input type="checkbox"/> Focus <input type="checkbox"/> Training <input type="checkbox"/> Follow-Up		When? What? <input type="checkbox"/> Focus <input type="checkbox"/> Training <input type="checkbox"/> Follow-Up		
Related Quality Trade-Offs to Monitor	Planned Action							
	Actual Action							
Related Productivity Trade-Offs to Monitor	Planned Action							
	Actual Action							