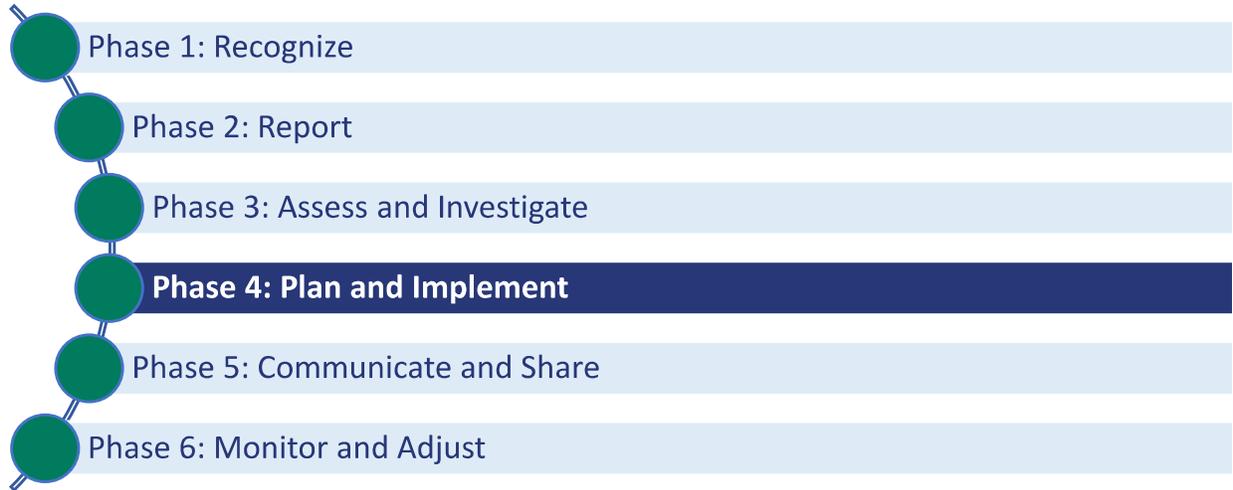


Form 3: Worker Safety Plan



<p>Form 3 Details: Created for: <u>All workers that directly work with student or other</u> Worksite: _____</p>	<p>Parties Responsible for Plan Creation: P/VP or Supervisor: _____ Worker with knowledge: _____ JOHS Worker Rep: _____ Date: _____</p>															
<p>Form 3 Created for:</p> <p><input type="checkbox"/> Student: _____ Grade: _____</p> <p><input type="checkbox"/> Parent/Guardian: _____ Phone #: _____</p> <p><input type="checkbox"/> Other: _____ Phone #: _____ ++</p>																
<p>Overview of Past Behaviour:</p> <p><input type="checkbox"/> First-time occurrence</p> <p><input type="checkbox"/> Follow-up to previous occurrence(s)</p>																
<p>Antecedents (Root Causes):</p>																
<p>Actions to Address Behaviour</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Actions to take to avoid escalation:</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> </tbody> </table>		Actions to take to avoid escalation:	Person Responsible	Implementation Date	1.			2.			3.			4.		
Actions to take to avoid escalation:	Person Responsible	Implementation Date														
1.																
2.																
3.																
4.																

Actions to take in escalated situations:		
1.		
2.		
3.		
4.		
<i>(add additional steps as needed)</i>		
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.

(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 with knowledge _____
JOHS Worker Rep: _____	Review Date: _____

Actions to Address Behaviour to Review: *(see reverse of this page for steps)*

Steps #	Actions Implemented <i>(Yes or No)</i>	Review notes regarding status of Actions	Person Responsible
Actions to take to avoid escalation:			
1.			
2.			
3.			
4.			
Actions to take in escalated situations:			
1.			
2.			
3.			
4.			

Additional Actions to Address Behaviour	Person Responsible	Implementation Date
1.		
2.		
3.		
4.		

Additional Notes Relevant to Review:

Committee Member Sign-off: P/VP or Supervisor: _____ Worker: _____ JOHS Worker Rep: _____	<input type="checkbox"/> Plan does not need further revision <input type="checkbox"/> Plan requires ongoing monitoring <input type="checkbox"/> Plan was revised, further Review Date scheduled for: _____ <input type="checkbox"/> Plan no longer required, as of date: _____
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File this completed form, in a binder, in a secure location in the administrator’s office.