Sample 1 with examples:

Agency Name

Goals and Objectives

For Fiscal Year \_\_\_\_\_

### Goal #1: To reduce injury/claims rate by \_\_\_%.

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Action Items** | **Performance Indicator / Due Date** | **Status** |
| Perform loss and data analysis. | Review and analyze injury loss reports.* Review claim reports.
* Review accident investigation reports.
* Develop injury analysis report and communicate injury statistics.
 | Identify most frequent injury types.Identify most costly injuries.* Identify work locations with high injury rates.
* Communicate information to management.
 |  |
| Identify work procedure and training needs. | * Conduct hazard assessments and workplace inspections.
* Evaluate safety policies and procedures.

Review operations, job types, and work locations.Review operations, tasks, and equipment.* Review Training records.
 | * Hazard assessments completed.
* Self-assessment and report completed.
* Work procedures identified.
* Affected work locations and employees identified.
* Training needs identified.
 |  |
| Develop and implement necessary work procedures and training. | * Target most frequent and severe injury types.
* Develop safety policies, procedures, and training.
* Communicate information to managers and supervisors.
* Provide train-the-trainer to identified staff.
* Provide training to all employees.
* Assess and provide necessary PPE, equipment, or safeguards.
 | Reduce back related injuries by 10%.* Reduce injury related costs.
* Develop back safety program and training.
* Training provided to identified or affected employees.
* Corrective actions implemented.
 |  |

Goal Review and Communication:

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| --- | --- | --- | --- |
| **Reviewer Signature** | **Date Reviewed** | **Communication** | **Date** |
|  |  |  |  |
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### Goal #2: To maintain program compliance and identify opportunities for improvement.

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| --- | --- | --- | --- |
| **Objective** | **Action Items** | **Performance Indicator / Due Date** | **Status** |
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Goal Review and Communication:

|  |  |  |  |
| --- | --- | --- | --- |
| **Reviewer Signature** | **Date Reviewed** | **Communication** | **Date** |
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### Goal #3: To increase program visibility and promote workplace safety and health program awareness.

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| --- | --- | --- | --- |
| **Objective** | **Action Items** | **Performance Indicator / Due Date** | **Status** |
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Goal Review and Communication:

|  |  |  |  |
| --- | --- | --- | --- |
| **Reviewer Signature** | **Date Reviewed** | **Communication** | **Date** |
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Sample 2:

Agency Name

Goals and Objectives

For Fiscal Year \_\_\_\_\_

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| --- | --- | --- | --- |
| **Goal or Objective** | **Action Items** | **Performance Indicator / Due Date** | **Status and Communication** |
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Reviewer Signature Date

Goals and Objectives