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:

|  |  |  |  |
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| **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:

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| --- | --- | --- | --- |
| **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